



systems distributor

2595 24th avenue north st. petersburg, fla. 33713

fla. lic. EF0001045

FIRE ALARM CUSTOMER CONNECTION INFORMATION

Property Name: \_\_\_\_\_ Date: \_\_\_\_\_
Billing Name: \_\_\_\_\_
Site Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_
City: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Site Phone: \_\_\_\_\_ Billing Phone: \_\_\_\_\_
Site Fax: \_\_\_\_\_ Billing Fax: \_\_\_\_\_

AFTER HOURS CONTACT INFORMATION

Table with 4 columns: NAME, KEY TO FACILITY (YES/NO), PASSWORD (OPTIONAL), LOCAL TELEPHONE. Rows 1-5.

Customer is responsible for notifying S.A.I., Inc. of any/all changes, additions, or deletions to the above information. Customer is responsible to have installed, or on premises, a minimum of two (2) standard phone lines for S.A.I., Inc., for connection of digital communications transmitter, or as authorized by local authority having jurisdiction. Phone lines must be operational prior to final C/O. It is understood that the customers phone lines may be utilized. Activation of system will override any conversation and seize the line until transmission of signal is complete. I verify the above information is correct.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

(office use only) MONITORING SERVICE INFORMATION (office use only) Init \_\_\_\_\_

Account Number: \_\_\_\_\_ In Service Date: \_\_\_\_\_
Panel (model): \_\_\_\_\_ Location Type: Commercial / Residential
Panel Line1: \_\_\_\_\_ Panel Line2: \_\_\_\_\_
Format (circle): 3/1 4/1 4/2 CID Test: None Monthly Daily Weekly
Expanded: Yes / No Outside Audible: Yes / No Open/Close Reports: Yes / No
Specail Instructions: \_\_\_\_\_ Sup'v Open/Close: Yes / No
Local Auth: \_\_\_\_\_
Local Auth.Phone: \_\_\_\_\_

phone (727) 323-4300
fax (727) 327-6244