



Customer Information Form

*are required fields

New

Change

Cancel

Reinstate

Cancel Date: _____

Reinstatement date: _____

*Installer's Name:		*Installer's Code/Dealer Number:		Install Date:																			
*Account Name:		*Account Number:		*Site Type: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Commercial Fire <input type="checkbox"/>																			
*Premise Address:		*Premise Phone #: (Premise ONLY no Cell#s)		*Is this a 2way voice account? Yes <input type="checkbox"/> No <input type="checkbox"/>																			
*City:		*State:	*Zip:	*Reporting Format: Contact ID <input type="checkbox"/> SIA <input type="checkbox"/> 4x2 <input type="checkbox"/> DMP <input type="checkbox"/> Other: _____																			
Activity Report for Customer: Please choose the type of report and frequency that the customer would like to receive it. (Additional charges may apply) Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Open/Close <input type="checkbox"/> All Activity <input type="checkbox"/> Email Address: _____ Remove Old Reports <input type="checkbox"/>		Web Access: Customers will have web access as soon as the account info is entered. Their account number will be the user name and their account password will be the web access password. Customer portal: https://portal.agmonitoring.com/stagescustomer/ (Customers are set up for restricted web access) Auto Notify (text or email): Please fill out with email/cell phone number and indicate what signals they should be notified on. (Standard text messages will apply to the customer) Cell/Email: _____ Open/Close <input type="checkbox"/> (panel must be set up for open/close) All Activity <input type="checkbox"/> Alarms Only <input type="checkbox"/> Troubles Only <input type="checkbox"/>		*Panel Type: _____ *Communication Type: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Analog/ POTS <input type="checkbox"/></td> <td>Digital <input type="checkbox"/></td> </tr> <tr> <td>AES Radio <input type="checkbox"/></td> <td>Connect 24 <input type="checkbox"/></td> </tr> <tr> <td>AlarmNet <input type="checkbox"/></td> <td>Telguard <input type="checkbox"/></td> </tr> <tr> <td>Uplink <input type="checkbox"/></td> <td>Alarm.com <input type="checkbox"/></td> </tr> <tr> <td>Bosch IP <input type="checkbox"/></td> <td>GE IP (OH2000) <input type="checkbox"/></td> </tr> <tr> <td>DSC IP <input type="checkbox"/></td> <td>DMP IP <input type="checkbox"/></td> </tr> <tr> <td>IP Datatel <input type="checkbox"/></td> <td>Visor Alarm <input type="checkbox"/></td> </tr> <tr> <td>Voice Alarm <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> </tr> </table>		Analog/ POTS <input type="checkbox"/>	Digital <input type="checkbox"/>	AES Radio <input type="checkbox"/>	Connect 24 <input type="checkbox"/>	AlarmNet <input type="checkbox"/>	Telguard <input type="checkbox"/>	Uplink <input type="checkbox"/>	Alarm.com <input type="checkbox"/>	Bosch IP <input type="checkbox"/>	GE IP (OH2000) <input type="checkbox"/>	DSC IP <input type="checkbox"/>	DMP IP <input type="checkbox"/>	IP Datatel <input type="checkbox"/>	Visor Alarm <input type="checkbox"/>	Voice Alarm <input type="checkbox"/>		Other: _____	
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Other: _____																							
Special Instructions/Comments:			*Timer Test: <input type="checkbox"/> None <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Additional charges may apply.)																				
Open/Close Signals: If supervised is selected, please attach additional paper with schedule. (Additional charges may apply.) Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/>			Time Zone: Pacific <input type="checkbox"/> Mountain <input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Arizona <input type="checkbox"/>																				
C A L L L I S T	Phone #	Permit #	*Contact Name	Individual Password	Phone	ECV																	
	Police		1.			<input type="checkbox"/>																	
	Fire		2.			<input type="checkbox"/>																	
	Medical		3.			<input type="checkbox"/>																	
Guards		(Maximum of 3 Contacts)																					
*General/Web access Password: (If there will be no code required please note that)			Duress Code:		Remove Old Contacts : <input type="checkbox"/>																		
Per NFPA code 72, all commercial fire accounts must be entered as no verify unless written authorization is received from the fire marshal of the authority having jurisdiction. Backups must be provided for commercial fire accounts.																							
Z O N E L I S T	Zone #	Zone Description		Zone #	Zone Description																		

Must be sign and return to AvantGuard Monitoring Centers. Email to data@agmonitoring.com or fax 800.417.1216

Customer (printed)

Customer Signature

Alarm Company Representative (printed)

Alarm Company Representative Signature