



Central Station Subscriber Form

Type of Account: Residential
 Commercial
 Commercial Fire

Account Number: _____

ALARM MONITORING SERVICE

Account Information

Account Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Premises Phone 1: _____ Email: _____

Premises Phone 2: _____ Passcode: _____

Subscriber Contacts

(Please indicate under phone type if the number is a (H)ome, (W)ork, or (C)ell Phone)

	User #	First Name	Last Name	Phone Number 1	Phone Type	Phone Number 2	Phone Type
1							
2							
3							
4							
5							
6							

Check here to call all contacts before dispatching police

Account Options

(Check all that apply)

- Basic Alarm Monitoring
- Alarm Monitoring with users logged
- Alarm monitoring with users logged reports emailed
- Alarm Monitoring with full supervision
- Alarm Monitoring with full supervision reports emailed
- Fire Alarm Monitoring
- GSM Cellular Alarm Signal Communicator
- Alarmnet TotalConnect Service
- Alarmnet Internet Monitoring

Email Addresses to Receive Reports

(May be an Additional Charge for this service)

_____ @ _____

_____ @ _____

_____ @ _____

Opening and Closing Hours

(Please indicate open close window time here____)

	Open Time	Close Time
Monday – Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Special Instructions

Questions about your bill

If you have questions about your bill you may call our office at 661-255-1509, write to us, or email us at the address listed below. For all written or emailed questions please include your name, account number and the best way to get in touch with you regarding your question(s). We will investigate the matter and notify you of the results.

Special Instructions**Late Payment Charges**

If we receive payments on an account that is past due we may assess late payment charges calculated monthly, on your past due balances.

Past Due Accounts

If any portion of your bill becomes past due, you may be subject to collection action and your service may be disconnected. If we disconnect your service for non-payment, you must pay the past due amount. A reconnect fee may be charged and a deposit required.

How to Contact Us


By phone:	1-661-255-1509 9:00am to 5:00pm PST Monday-Friday	Inquiries by mail:	All Systems Go Inc. Attn: Customer Support 28075 Avenue Stanford Santa Clarita, CA 91355
By Fax:	1-661-296-8029		
Website:	www.ASGalarm.com	Inquiries by email:	support@ASGalarm.com

When contacting us through any of the methods above, please be prepared to provide us your account information and for security purposes this includes the security passcode on the account. You may reach our central station dispatch center that is open 24 hours a day by calling 1-888-264-3149.

Thank you for choosing All Systems Go Inc.**Has Your Mailing Information Changed?**

Effective Date:	Account Name:			
New Address:	City:	State:	Zip:	
Phone Number:	Email:			
Work Number:	Signature:			

Would You Like to Pay by Credit Card?

Please select the credit card to use:    

Please select type of payment to make: Monthly Recurring (balance charged each quarter) One-time Only

Name on Card: _____

Card Number: _____

Expiration Date: _____ Card Verification Code: _____

Billing Address: _____ City: _____

Signature: _____

CVC
Locator



State: _____ Zip: _____

*** For Office Use Only ***

Approval Code: