

CRAIG BENEFIELD FULL SERVICE SECURITY SYSTEMS



CUSTOMER SIGN-UP SHEET

A Customer Agreement will be provided for signature upon completion of this form.

CUSTOMER CONTACT

First Name: _____ MI: _____ Last Name: _____
Business: _____ Title: _____
SSN: _____ E-mail: _____
Phone 1: _____ Phone 2: _____

LOCATION

Site Address: _____ #: _____
City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Telephone No 1: (_____) _____ (Monitored Location)
Telephone No 2: (_____) _____ (Monitored Location) Personal ID Code (PIC): _____

KEYHOLDER/ RESPONSIBLE PARTIES

First Name: _____ Last : _____	<input type="checkbox"/> Home Phone: <input type="checkbox"/> Work Phone: <input type="checkbox"/> Cell Phone:
First Name: _____ Last : _____	<input type="checkbox"/> Home Phone: <input type="checkbox"/> Work Phone: <input type="checkbox"/> Cell Phone:
First Name: _____ Last : _____	<input type="checkbox"/> Home Phone: <input type="checkbox"/> Work Phone: <input type="checkbox"/> Cell Phone:
First Name: _____ Last : _____	<input type="checkbox"/> Home Phone: <input type="checkbox"/> Work Phone: <input type="checkbox"/> Cell Phone:
First Name: _____ Last : _____	<input type="checkbox"/> Home Phone: <input type="checkbox"/> Work Phone: <input type="checkbox"/> Cell Phone:
First Name: _____ Last : _____	<input type="checkbox"/> Home Phone: <input type="checkbox"/> Work Phone: <input type="checkbox"/> Cell Phone:

ELECTRONIC PAYMENT INFORMATION

OPTION (1) DEBIT - Name: _____ **(As it appears on bank account)**

Name of Bank/ Credit Union: _____
ABA Routing No. _____ Bank Account No. _____
☐ Checking ☐ Savings
(Please attach void check)

OPTION (2) CREDIT CARD - Name: _____ **(As it appears on credit card)**

Card No: _____ Expiration Date: _____
☐ Visa ☐ Mastercard ☐ Amex
☐ Discovery ☐ Other _____

BILLING

Name/Attention: _____ #: _____
Billing Address: _____
City: _____ State: _____ Zip: _____

SUBMIT FORM:

- ☐ Fax form to: (360) 287-7823
- ☐ Submit electronically at <http://CraigBenefield.tripod.com/>
- ☐ Email form to: CraigBenefield@yahoo.com

ADT SALES CONSULTANT:

Craig Benefield
Phone: (415) 328-3275
Email: CraigBenefield@yahoo.com
Website: <http://CraigBenefield.tripod.com>

Customers receive a \$50 cash bonus for each new customer referral!