



S & S Security Systems Personal Alert System Information Sheet

Dealer # 3407

Format 4 X 2

Account #

Last Name	First Name	Middle	Preferred Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Household Phone #	
Address (do not list PO Box)		Directions To Home	
City	State	Zip	
Household Hidden Key Location			

Personal Contact Information

<i>Responder One</i>		<i>Responder Two</i>		<i>Responder Three</i>	
Name (First/Last)		Name (First/Last)		Name (First/Last)	
Street Address		Street Address		Street Address	
City	State Zip	City	State Zip	City	State Zip
Home Phone #	Relation	Home Phone #	Relation	Home Phone #	Relation
Cell Phone #		Cell Phone #		Cell Phone #	
Work Phone #	Has Key?	Work Phone #	Has Key?	Work Phone #	Has Key?

Notify Only		Subscriber Notes	
Name (First/Last)	Relationship		
Phone #			
Payer Information			
Name (First/Last)			
Billing Address			
City	State Zip		
Phone #			
Signature of Subscriber	Date		
Signature of Payer (if different than subscriber)	Date		

TERMINATION NOTICE MUST BE GIVEN PRIOR TO THE END OF THE MONTH FOR WHICH YOU WISH TO CANCEL SERVICE.

S & S Security Systems
P O Box 4264
Joplin MO 64803
417-626-8234 or 866-626-8234