Medical Alarm Monitoring Agreement

Date	Dealer Number 7294	EMEI
1.Account Name		

2.Address		Apt/Ste
3.City	State	ZIP
4.Main Telephone	5.Alt Telephone Number	Cross street
Directions to Premises:		
Billing Address:		Belt Clip / Lanyard Clip

*Hospice/Special Assistance Instructions:

Individuals to be Notified – list in order by priority			Type: [H] Home [W] Work [C] Cell			
Name	Phone 1	Type	Phone 1	Type	Key holder? Y	N

Lock Box/Access Key Location:	
Lock Box Code:	Garage/Gate Code:

This agreement is made this _____ day of _____, by and between SecureTronics, Inc. ("Dealer"), and ITEM "1." ABOVE ("subscriber"). Subscriber is sometimes referred to as "you" or ""your".

Location of Subscribers ("Premises") ITEMS "2.", "3.", ABOVE. In consideration of and subject to the terms and conditions hereinafter set forth Company agrees to monitor, and Subscriber agrees to permit Company to monitor the System in Subscriber's Premises. The "System" refers to the personal response console, remote help button(s) and any other accessories or devices provided by Dealer. If anyone other the Subscriber is the user of the System (the "User") such User is a third-party beneficiary to this agreement and is bound by all of the terms herein.

SUBSCRIBER SPECIFICALLY ACKNOWLEDGES AND ACCEPTS PARAGRAPHS 2, 5, AND 6 HEREOF. TERMS AND CONDITIONS ON PAGE 1-4 ARE AN INTEGRAL PART OF THIS CONTRACT. SUBSCRIBER ACKNOWLEDGES RECEIPT OF A COPY OF CONTRACT. READ THE FRONT ANDPAGE 1-4 BEFORE SIGNING.

THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, WHICH EXTEND BEYOND THE DESCRIPTION ON THE FACE OR REVERSE HEREOF, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

IN WITNESS WHEREOF, and intending to be legally bound, the parties have executed or caused this Agreement to be executed on the date first above written.

Dealer

By:_____
(Print)

_____ _____
(Signature) (Date)

Company By: _____
(Print)

Subscriber

By:_____
(Print)

_____ _____
(Signature) (Date)

_____ _____
(Signature) (Date)