



Congratulations!

You have chosen the best security solution by doing business with GMS Security, the most important local business in the electronic security field since 1981.

Main contact info

Person(s) responsible for allowing changes to the file and placing service calls, as needed. They are the system managers and, in most cases, are responsible for paying service charges. They must advise GMS in writing of any modifications to the system users list. The main contacts must have a code to arm and disarm the system, a password in order to be identified, and are system users registered to the central station.

Name : _____

Address : _____

Billing adress (if different) : _____

City : _____ Province : _____ Postal code : _____

Phone : _____ Email : _____

Important!

Don't forget to inform your insurance broker that you are now a happy owner of a GMS security system connected to a monitoring station. You could save 10 to 30% * on your insurance premium !

(*depending on the insurance broker)

In case of a false alarm

We suggest that the user who caused the false alarm call the monitoring station immediately at **819-561-7262** to confirm the false alarm and identify himself with his name and password.

In the event that the user does not call the monitoring station to advise of the false alarm, the operator will follow the alarm procedures (calling order) below:

Intrusion alarm : 1. Site / 2. List* / 3. Police

Alarm panic button : 1. Police / 2. Site (30 min.) / 3. List*

Fire alarm : 1. Site / 2. Firefighter / 3. List*

Medical alarm : 1. Site / 2. Ambulance / 3. List*

*List of people to contact in case of an alarm

On demand, the above procedures can be modified. Please contact us.

Payment Mode

Would you prefer to make : One annual payment? Or monthly payments (PAP)?

* Please fill in bank account information below to set up pre-authorized payments.

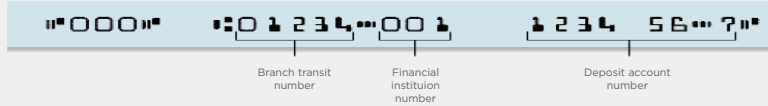
*Fill in bank account information below.

Branch transit number

Financial institution number

Deposit account number

Exemple :
(See bottom of cheque)



Financial institution : Name : _____

Branch address : _____

You, the payer, can revoke this payment authorization at all times by providing GMS with a 30-day notice. Contact us at one of the telephone numbers below to do so. You have some rights to recourse if a debit is not consistent with the actual agreement. For example, you have the right to receive a reimbursement for a debit that is not authorized or consistent with the actual pre-authorized payment (PAP) agreement. To know more about your rights to recourse and the cancellation of a PAP agreement, or to obtain a cancellation form specimen, contact you financial institution or visit the www.cdnpay.ca.

Signature

I have read and agree to the above mentioned procedures.

Name : _____

Date : _____

Please send this document to the following email address reception@gmsinc.ca or by fax at 819.561.6806. On receipt of the document duly completed, our service department will contact you to schedule a service date.