



ALARM DISPATCH PROCEDURES

Customer Name/s		CID Number	
Monitored Address		Phone Number	
Suburb or Town		Postcode	
Installation Date	/ /	Cross Street	
		Panel Type	

Contacts For Response To Events	Password	Key	Home Phone	Work Phone	Mobile
C1					
C2					
C3					
C4					

Special Instructions:

A. Burglar Alarm Activation: In the event that following a burglar alarm activation from your monitored premises the Monitoring Station is unable to contact any of your nominated recall personnel please indicate the course of action you elect the monitoring station to undertake on your behalf by ticking your response for each of the following:

Dispatch a Security Patrol Officer If A Single Sector Alarm?	YES		NO	
Dispatch a Security Patrol Officer If A Multiple Sector Alarm Only?	YES		NO	

(Please note a response fee at current day, weekend or public holiday rates including time on site **will be levied** for the attendance by a Security Patrol Officer. There is no charge for this service unless a Security Patrol Officer is dispatched to the premises.)

B. Smoke Detector / Fire Alarm Activation: In the event of a Smoke Detector / Fire Alarm activation being received by the Monitoring Station, please tick your required response for each of the following:

Notify the Nominated Recall Personnel?	YES		NO	
Notify the Fire Brigade?	YES		NO	

C. Medical Alarm Activation: In the event of a Medical Alarm activation being received by the Monitoring Station please tick your required response for each of the following:

Notify the Ambulance immediately?	YES		NO	
Notify the Nominated Recall Personnel?	YES		NO	

Please Note: Should you elect for the Fire Brigade/Ambulance or Police to attend to your alarm activation, there may be an attendance fee charged by these emergency services. You will be liable for any/all fees levied and you agree to indemnify the monitoring station and **EMS WA Pty Ltd t/as Emergency Management Solutions WA** against any such charges or fees. I/We have read and understood the above document and agree to the conditions listed.

Customer Name/s _____

Customer Signature/s _____ Date _____



Emergency Management Solutions WA
 GPO Box 1040 Gwelup DC WA 6018
 Phone: **1300 303 615**
 Email: emswa@inet.net.au
 Website: emswa.com
 Security Agents License No: SA 12247
 ABN: 56 096 032 370

PAYMENT SCHEDULE

<p>Initial Period ____ Months From Installation Date</p> <p>Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Standard Monitoring Fee \$ _____ <input type="checkbox"/> GSM Monitoring Fee \$ _____ <input type="checkbox"/> Additional Equipment Payment \$ _____ <input type="checkbox"/> Service Agreement Contract \$ _____</p> <p>TOTAL FEE \$ _____ WK / FNT / MTH / QTR</p>	<p>Method Of Payment: <i>(please tick appropriate box)</i></p> <p><input type="checkbox"/> Direct Debit Facility <input type="checkbox"/> Credit Card <i>(Visa & MasterCard Only)</i> <input type="checkbox"/> Quarterly Invoice <i>(In Advance)</i> <i>(A \$6.60 inc. quarterly administration fee is applicable)</i></p> <p>Additional Equipment \$ _____</p> <p><input type="checkbox"/> EFT <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Debit Facility <input type="checkbox"/> Credit Card <i>(Visa & MasterCard Only)</i></p>
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DIRECT DEBIT REQUEST

I/We _____

Postal Address _____

Customer Phone Numbers _____

Request and authorise **EMS WA PTY LTD**, User ID 230702 to debit monies due in the terms of the repayment arrangements covered by **EMS WA PTY LTD Service Agreement Number** shown above, to be drawn under the Direct Debit System from my/our account conducted with:

Name of Financial Institution: _____

Address of Financial Institution: _____

Name of Account to be Debited: _____

BSB Number: - **Account Number:** - -

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Service Agreement received from **EMS WA PTY LTD**.

The first debit for the amount of \$ _____ may be made on ____/____/____ and at fortnightly / monthly / quarterly intervals thereafter.

Signature(s):

Date:

AUTHORITY TO DEBIT CREDIT CARD

CARD TYPE: Visa MasterCard

Card Holder Name

Credit Card Number

Expiry Date

Total Monthly / Qrtly Fee

 \$ _____ / Mth / Qtr

Cardholder Signature / s

Date



INSTALLATION / SERVICE COMPLIANCE CERTIFICATE

Zone Listing (Please provide separate sheet of zone listings for larger systems)

Zone	Device	Location
1		
2		
3		
4		
5		
6		
7		

Zone	Device	Location
8		
9		
10		
11		
12		
13		
14		

Zone	Device	Location
15		
16		
17		
18		
19		
20		
21		

Client or Client's Representative to Read and Sign

I/We, the above-mentioned customer/s, hereby certify that where New Equipment has been supplied and installed by **EMS WA Pty Ltd t/as Emergency Management Solutions WA**, the installation, and/or Servicing of existing equipment, is complete and operational, and therefore confirm the following;

1. The system has been supplied in accordance with the agreed quotation.
2. That I/We agree with the installed position of all Equipment.
3. The Equipment and its operation have been tested in my/our presence, and I/We are satisfied with its operation.
4. I/We have been supplied with an instruction manual and have been trained in the operation of the Equipment and feel satisfied and confident in my/our ability to operate this system correctly.
5. The installation was carried out in a professional manner and the premises left as near best in its original condition prior to the installation.
6. The Duress, Medical and Fire functions have been explained to me/us. I/We understand the importance of these features and I/We are aware of the seriousness of wrongful activation.
7. I/We understand the monitoring Station Procedures and have been explained what to do if I/We accidentally set off the system.
8. I/We have been informed that the system tests itself back to the monitoring station a minimum of every (7) days.
9. In accordance with Australian Standards and to keep the Extended Warranty valid (where applicable) I/We have been advised that the system be serviced at least once a year.
10. I/We understand it is my/our responsibility to update all emergency contact numbers and changes of any applicable user PIN numbers to **Emergency Management Solutions WA**.
11. I/We have been directed to and acknowledge the **EMS WA Pty Ltd** Terms and Conditions pertaining to this service agreement which can be viewed, downloaded and printed in PDF format from their company website at emswa.com.

Customer/s Name _____

Customer/s Signature _____

Job Number _____ CID Number _____ Commission/Service Date _____

Technicians Certification: I hereby certify that all work has been completed to the relevant Australian Standards for Security Installations, manufacturers specifications and to the terms and conditions determined by my Licence/s.

Installer Name _____ Installer Signature _____ Sec. Lic. # _____

Please Note: The Installed Equipment and Monitoring Service may entitle you to discounts on your homeowners insurance. You should enquire with your insurance agent or broker for details to determine whether you are eligible.