



**SECURITY  
CENTRAL**

316 SECURITY DRIVE TOLL FREE: 800.438.4171  
P.O. BOX 5759 TELEPHONE: 704.838.8000  
STATESVILLE, NC 28687 FACSIMILE: 704.838.8050

www.security-central.com

## Dealer Information Form

Please type or print and return to Security Central along with the Dealer/Installer Contract.

|   |  |
|---|--|
| <p style="text-align: center;"><b>Billing Information</b></p> <p>Company Name: _____</p> <p>Owner's Name: _____ D.O.B.: _____</p> <p>Owner's SS#: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> | <p style="text-align: center;"><b>Indicate Preferred Billing</b></p> <p><input type="checkbox"/> Annually<br/><small>(Accounts paid annually receive a one month discount)</small></p> <p><input type="checkbox"/> Semi-Annully</p> <p><input type="checkbox"/> Quarterly<br/><input type="checkbox"/> Keep in same quarter</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Bill Direct to Subscribers</p> |
|---|--|

|  |   |
|--|---|
| <p style="text-align: center;"><b>Shipping Information</b></p> <p>Company Name: _____</p> <p>Attention: _____</p> <p>Shipping Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> | <p style="text-align: center;"><b>Business/Tax Information</b></p> <p>Organization is:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> LLC</p> <p><input type="checkbox"/> Other: _____</p> <p>State License #: _____</p> <p>Tax ID #: _____</p> |
|--|---|

**License Information**

It is the dealer/installing company's sole responsibility to be properly licensed, permitted, or certified by the necessary government or insurance entities for the sale, installation, service and monitoring of security systems where ever the dealer/installing company conducts such business.

Governing Body: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

License Number: \_\_\_\_\_ Qualified Agent: \_\_\_\_\_ Position: \_\_\_\_\_

| <p style="text-align: center;"><b>Contact Information</b></p> <p>Office #: (____) _____</p> <p>Fax #: (____) _____</p> <p>Pager #: (____) _____</p> <p>Cell #: (____) _____</p> <p>#: (____) _____</p> <p>Email: _____</p> | <p style="text-align: center;"><b>Dealer Authorization List</b></p> <p>If you wish to use a single passcode for use by your entire organization to access records at Security Central, please enter it here. Passcodes may be up to 12 characters in length.</p> <p>Company Passcode: _____</p> <p>If you would prefer that members of your organization identify themselves with individual passcodes to access records at Security Central, please list them here. Passcode may be up to 12 characters in length.</p> <table style="width:100%"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Passcode</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Name | Passcode | _____ | _____ | _____ | _____ | _____ | _____ |
|--|---|------|----------|-------|-------|-------|-------|-------|-------|
| Name   | Passcode  |      |          |       |       |       |       |       |       |
| _____  | _____   |      |          |       |       |       |       |       |       |
| _____  | _____   |      |          |       |       |       |       |       |       |
| _____  | _____   |      |          |       |       |       |       |       |       |

**Notification on Subscriber Alarm Activations**

No notification

Notify via email  Daily  Weekly  Every 31 days



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