



SERVICE ENROLLMENT FORM

Dealer #

Level 3 Dealer Passcode

**Request will NOT be processed without a Dealer # and a Level 3 Dealer Passcode.*

Please fill out the section for the service you would like to receive

COP-A-FAX

COP-A-EMAIL

E-BILLING

PRIVATE LABELING SUBSCRIBER ACCESS

COP-A-FAX OR COP-A-EMAIL

PLEASE INDICATE THE TYPE OF SERVICE

COP A FAX

Cop A Fax requires a dedicated phone line, no voice mail systems. COP A FAX enrollment authorizes removal of dealer from notification list.

Fax Number (MUST be a dedicated phone line): - - -

COP A EMAIL

E-mailed report will be generated in a PDF format. A PDF program can be downloaded from our website

E-Mail Address _____ @ _____

Please select what information you would like to receive:

Daily Reports (Changes and New Accounts) Yes No

Alarm Activity Tickets Yes No

If you selected yes for Alarm Activity Tickets, please enter a time period below:

Once a day at: : AM / PM **OR** hour(s)* : minutes*
(Circle Choice) *15 minutes through 12 hours- Please use 15 minute increments.

E-BILLING

E-mail Address(es): _____

*E-Billing will be e-mailed to the above address(es) by the end of the billing month. One address must be supplied.
Paper invoices will be discontinued after one month of this service
Custom reports available upon request*

PRIVATE LABELING SUBSCRIBER ACCESS

Website Address: _____

Dealer Number and Passcode: _____

Technical Contact and Telephone Number: _____

Start Date: _____

Date Signed Up: _____

Please Fill In All Fields Below And Return Via FAX @ 856-629-4043 Attn: Dealer Support

Company Name: _____ Signature/Date: _____

Please contact our Dealer Support Department @ 800-367-8798 with any questions.

P.O. Box 836, Williamstown, NJ 08094 (800) 367-2677