Safeguard Protection Systems, Inc.

5865 Oakbrook Parkway Suite E-F Atlanta GA 30093 770 368-0123 24-Hour Monitoring Service by:



Quality Acceptance Form

Customer Name:		Account Number:	
Install date:			
Your satisfaction with your security alarm system and your understanding of the agreement for monitoring service is very important to us.			
Please indicate your response to the following by reading each item carefully, checking your response "YES" or "NO" on each, and signing your name and date at the bottom of this page.			
YES	NO		
		1. I have purchased a security alarm system for a charge of \$	
		2. Did the installation include a new alarm control panel?	
		3. Is your home a new construction home, complete with a new security system?	
		I am satisfied with installation of the alarm system, and the system is operational at this time.	
		5. I have signed a contract to receive monitoring service for a monthly charge of \$ for 36 months minimum.	
		6. Are you under any contractual agreement/obligation with any other company for monitoring services?	
		7. I have been properly instructed on the use and operation of the alarm system.	
I have read and understand this document and agree with its content. I have checked "YES" or "NO" to each of the above.			
	Customer Signature Date		
	If not the signer of Alarm Monitoring Agreement, please indicate your relationship		