



LAMARCO SYSTEMS

Life Safety & Integrated Security Solutions

NEW CUSTOMER INFORMATION FORM

Dear Lamarco Systems Customer,
Please fill out the following information so we can update our system and have a better understanding of your Security/Fire Alarm system(s) needs:

Customer Name (Company or Individual Name):
Customer Address (Company or Individual Name):
Site Address (if different than above):
Main Contact Name + Title On-site:
Main Contact Phone + Email:
Billing Contact Name + Title:
Billing Contact Phone + Email:

Service(s) Requested *Please select all that apply*

- | | | | | |
|---|-------------------------------|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> All Services Below | <input type="checkbox"/> Fire | <input type="checkbox"/> Security | <input type="checkbox"/> Elevator | <input type="checkbox"/> Area of Rescue |
| <input type="checkbox"/> Monitoring Contract | <input type="checkbox"/> Fire | <input type="checkbox"/> Security | <input type="checkbox"/> CCTV | <input type="checkbox"/> Access Control |
| <input type="checkbox"/> Maintenance Contract | <input type="checkbox"/> Fire | <input type="checkbox"/> Security | <input type="checkbox"/> CCTV | <input type="checkbox"/> Access Control |
| <input type="checkbox"/> Service Contract | <input type="checkbox"/> Fire | <input type="checkbox"/> Security | <input type="checkbox"/> CCTV | <input type="checkbox"/> Access Control |
| <input type="checkbox"/> Training | <input type="checkbox"/> Fire | <input type="checkbox"/> Security | <input type="checkbox"/> CCTV | <input type="checkbox"/> Access Control |
| <input type="checkbox"/> Yearly Inspection & Testing Contract | <input type="checkbox"/> Fire | <input type="checkbox"/> Security | | |

Signature:	Print Name:	Date:
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Return to info@lamarcosystems.com