



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): _____

Customer Address (company or individual): _____

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

___ **All Services Below**

___ **Monitoring Contract** ___ Fire ___ Security ___ Elevator ___ Area of Rescue

___ **Maintenance Contract** ___ Fire ___ Security ___ CCTV ___ Access Control

___ **Service Contract** ___ Fire ___ Security ___ CCTV ___ Access Control

___ **Training** ___ Fire ___ Security ___ CCTV ___ Access Control

___ **Yearly Inspection & Testing Contract** ___ Fire ___ Security

(Signature)

(Name)

(Date)

Return to info@lamarcosystems.com