

ALARMPATH AP-TDT SUBSCRIBER UNIT WORKSHEET

To activate the AlarmPath Subscriber Unit referenced below, complete this worksheet and then use one of the following 3 AlarmPath activation methods.

- Dealers with an existing AlarmPath account (Master Password has been established) can use the AlarmPath **website** at <http://www.alarmpath.com>
- New dealers or those without Internet access available can **call** the AlarmPath Automated Operator System toll-free at **866-ALARMPATH** (866-252-7672 or toll 631-696-1100) from any touch-tone telephone, select **option 5**. Then **fax** this worksheet (see below) to AlarmPath *within 48 hours*.
- **Fax** this completed worksheet toll-free to **800-276-3292** (or toll 631-698-7943). Worksheets received via fax are processed from 9:00AM to 2:00PM Eastern Time, Monday – Friday, excluding Holidays.

SUBSCRIBER DATA	
Subscriber Unit ID #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name:	_____
Street Address:	_____
City:	State: ZIP:
Telephone #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DEALER DATA	
Dealer ID / 10-Digit Telephone #: (Required)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<ul style="list-style-type: none"> • New dealers must complete below • Dealers with an existing AlarmPath account (Master Password is already established) can skip to REPORTING CODE TEMPLATE below 	
Company Name:	_____
Street Address:	_____
City:	State: ZIP:
Contact Name:	_____
e-mail::	_____
Fax #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Alternate Tel #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DIGITAL RECEIVER TELEPHONE NUMBERS	
Primary (Required):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>If Primary # is Toll-Free, we recommend a toll secondary number be entered below. Secondary will only be used if the primary line fails.</i>	
Secondary (Optional):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Central Station Name:	_____
Digital Account #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

REPORTING CODE TEMPLATE

NOTE: AP-3G SENDS CODE Ø FOR SUPERVISORY TEST	FORMAT (CHECK and USE <u>ONE</u> COLUMN <u>ONLY</u>)					
	3/1 or 4/1 PULSED <input type="checkbox"/> <small>1400hz Handshake/Kiss-off, 10pps</small>		4/2 PULSED <input type="checkbox"/> <small>2300hz Handshake/Kiss-off, 20pps</small>		CONTACT ID <input type="checkbox"/>	
SUBSCRIBER UNIT CHANNEL NUMBER	PICK ONE		PICK ONE		PICK ONE	
	DEFAULT <input type="checkbox"/> <small>TEMPLATE #0002</small>	CUSTOM <input type="checkbox"/>	DEFAULT <input type="checkbox"/> <small>TEMPLATE #0001</small>	CUSTOM <input type="checkbox"/>	DEFAULT <input type="checkbox"/> <small>TEMPLATE #0001</small>	CUSTOM <input type="checkbox"/>
SUPERVISORY FAILURE *	9	<input type="checkbox"/>	9B	<input type="checkbox"/> <input type="checkbox"/>	327	356
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

* A SUPERVISORY FAILURE SIGNAL WILL BE GENERATED AND SENT BY THE ALARMPATH PROCESSORS IN THE EVENT THAT ALARMPATH FAILS TO RECEIVE THE SUPERVISORY TEST SIGNAL FROM THE ALARMPATH SUBSCRIBER UNIT WITHIN THE SCHEDULED TIME PERIOD.

DEALER AUTHORIZATION: BY SIGNING BELOW THE DEALER INDICATES THAT ALL INFORMATION PROVIDED IS ACCURATE AND THAT THE DEALER WILL BEAR THE SOLE RESPONSIBILITY FOR NOTIFYING ALARMPATH IN THE EVENT THAT ANY INFORMATION CHANGES, AND FURTHER AGREES TO ACCEPT THE TERMS OF THE ALARMPATH DEALER AGREEMENT WITH REFERENCE TO THE SUBSCRIBER UNIT REFERENCED ABOVE.

SIGNATURE: **X** PRINT NAME: _____ DATE: _____

ALARMPATH, INC.

WIRELESS SERVICE DISCLOSURE

SUBSCRIBER UNIT ID: _____

	SUBSCRIBER	DEALER
NAME		
ADDRESS		
CITY, STATE, ZIP		
TELEPHONE NUMBER	() -	() -
	ALARM LICENSE NUMBER	

BACKUP SECURITY

It is understood that the service provided is that of wireless backup to an alarm system's telephone line based digital dialer. The SUBSCRIBER acknowledges there are certain unavoidable limitations in providing radio signal services and such limitations are inherent with such systems and that provider herein known as Alarmpath, Inc. does not insure, guarantee, or warrant to the SUBSCRIBER that by subscribing to this service the SUBSCRIBER's security system will function as intended. Wireless service is being provided upon the express understanding and condition that provider is not an insurer or guarantor of the performance of any security system and that it has expressly denied and disclaimed any representations or intent on the part of the provider that the service meet any specific standard for a security system.

It is recognized that radio interference may affect the transmission of a SUBSCRIBER's signal to receiving sites on occasion and that damage could occur to receiving sites, processor, or other related equipment that could temporarily result in the absence of service. Additionally, during routine maintenance to receiving equipment, service may be temporarily interrupted. Such routine maintenance and calibration will be performed at times which will effect the smallest number of users and will always be limited to the shortest period of time allowable. To this extent the SUBSCRIBER assumes and accepts such risk and the consequences of such and agrees to hold the provider harmless from any and all claims, including third party claims as a result of the absence of service.

LIABILITY LIMITATION

The SUBSCRIBER recognizes that there can be no guarantee that signals from the SUBSCRIBER's unit will result in successful downloading to the CENTRAL STATION and that provider WILL NOT HAVE ANY LIABILITY FOR ANY LOSS WHATSOEVER, INCLUDING BUT NOT LIMITED TO PROPERTY DAMAGE, PERSONAL INJURY, FLOOD, ETC. RESULTING FROM A CLAIM THAT THE NETWORK DID NOT PROVIDE WARNING.

THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE, OTHER THAN THOSE SPECIFIED WITHIN. IN NO CASE SHALL THE PROVIDER BE LIABLE TO ANYONE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES FOR BREACH OF THIS OR ANY OTHER WARRANTY, EXPRESS OR IMPLIED, OR UPON ANY OTHER BASIS OF LIABILITY WHATSOEVER, EVEN IF THE LOSS OR DAMAGE IS CAUSED BY THE NEGLIGENCE OR FAULT OF EITHER OR BOTH OF THEM

In consideration of the SUBSCRIBER's assumption of risks as provided herein and the limitation of service to be provided by the provider, and the limitation of liability set forth in this agreement, the SUBSCRIBER further agrees and contracts to limit the total liability of the provider to a maximum of \$100.00 for any and all claims per SUBSCRIBER.

SUBSCRIBER ACCEPTANCE (SIGNATURE & DATE) **X** _____