

Customer Service Agreement



16 Mill Street East, PO Box 70
 Milverton, Ontario N0K 1M0
 519-595-8331 Toll Free: 1-800-250-8750
 Fax: 519-595-4142
 Email: security@mornington.ca

Press Firmly
 You are making
4 copies

Installation Date	
Phone Number	
Transmitter ID	

Monitoring Services are provided by **SecurTek Monitoring Solutions.**

- R - W

Installation Location:			Bill To:		
Company / Individual Name			Company / Individual Name		
Attention			Attention		
Address			Address		
City/Town	Province	Postal Code	City/Town	Province	Postal Code

Qty	Part Number	Description	Unit Price	Extended Price	Monthly Fee

Type of Sale	Services	Charges	
<input type="checkbox"/> Purchase Sale <input type="checkbox"/> Monitoring Only	Services	Monthly Monitoring	Material
<input type="checkbox"/> Relocation <input type="checkbox"/> Previous Address/Occupant	<input type="checkbox"/> Private Guard Response <input type="checkbox"/> Extended Warranty	Monthly Maintenance	Labour
		Monthly Services	Installation Fee
<input type="checkbox"/> Competitive Conversion	Monitoring Services	Other	Other
<input type="checkbox"/> Special Promotion	<input type="checkbox"/> Open / Close <input type="checkbox"/> Open / Close with Report	PST	PST
<input type="checkbox"/> Residential	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Scheduled Open / Close	GST	GST
<input type="checkbox"/> Business	<input type="checkbox"/> Schedule Open / Close with Report <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Total Monthly	Total Installation

Billing Payment Information For your convenience, Mornington Communications Co-operative Limited has three bill payment options. Please select **one** of the following options and complete all the necessary information.

<input type="checkbox"/> Pre-Authorized Chequing Payments	<input type="checkbox"/> Pre-Authorized Credit Card Payments	<input type="checkbox"/> Add to my existing Mornington Account
Name of Cheque holder:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Credit Card Number:	Name on Account:
Signature:	Name of Cardholder Expiry MM/YY	Account Number:
Please attach a void cheque.	Signature:	Signature:
<small>Unless otherwise specified above, bank pre-authorized payments will be processed on the 26th of the month or the next business day. Pre-authorized payments returned for non-sufficient funds will be subject to a \$25 fee.</small>	<small>Pre-authorized credit card payments will be processed on 26th of each month or the next business day. Pre-authorized payments returned for non-sufficient funds will be subject to a \$25 fee.</small>	<small>Invoices are sent on the 1st of the month and are payable on the 26th of each month. A late charge will apply on overdue accounts. You must be an existing Mornington customer to use this option.</small>

The following information is required.
 I/We understand that I/we am/are signing 36 - month Initial term. If I/we cancel prior to completion of the Agreement terms, I/we understand that I/we will be charged an early cancellation fee as per Clauses 3 and 10 printed on the reverse of this Agreement. _____ Customer Initials
 Do you Own Rent? How long have you lived at this address? _____
 Previous address if less than 1 year: _____ Name of Home Insurance Co.: _____
 S.I.N. (optional): _____ Date of Birth: _____ Authorization for Credit Check (initials): _____

Emergency Response Call List

Site Password	1. Site ()	3. Fire Dept. ()
	2. Police ()	4. Ambulance()

Person to Call	Seq.	Phone No.	Home/Work /Cell/Pager	2 nd Phone No.	Password

Comments: _____

In order for the customer to become familiar with the alarm system, an automatic 5 Day Familiarization Period, (or longer if required by the customer or by local bylaw) will be implemented from the date of install.
 Bylaw Requirement/Customer extension _____ days Decline Customer Initials _____
Customer acknowledges that by signing this Agreement, the Customer has received, read the entire Agreement including the reverse side of the Agreement and understands those rights and obligations which constitute the entire agreement between MORNINGTON COMMUNICATIONS CO-OPERATIVE LIMITED (MCCL) and the Customer.
 Customer Initials: _____

Buyer's Right to Cancel is indicated on back in Terms and Conditions, Clause 14.

Salesperson Name	Salesperson's Signature	Service Technician Name	GST# R139767586
Customer Acceptance of Agreement / Service / Install		Print Customer Name	
Agreement entered into at _____ (City, Prov)		on _____ (Date)	

See Reverse for Conditions

White - Mornington

Canary - Customer

Pink - Installer

Goldenrod - Sales agent