

New Client Order Form

Primary subscriber name: _____

Secondary subscriber name (if applicable): _____

Home Phone: _____ Cell Phone: _____ Email Address _____

Responsible Party (if other than primary subscriber): _____

Resp. Party Home Phone: _____ Resp. Party Cell Phone: _____

Subscriber Premise Address: _____ City: _____ State: ____ Zip: _____

Subscriber Mailing Address: _____ City: _____ State: ____ Zip: _____

Product Suite (One unit type per order)

Unit Ordered	Personal Care Watch Qty:	In Home Med System Qty:	Personal Alert Device Qty:	Fall Detection
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Home Telephone/Landline Provider (if applicable): _____ / _____

MediLock Box Code (if applicable): _____ Hidden Key Location: _____

**Please note: If there is an alternate method of entry for EMT (i.e. existing hidden key location, garage keypad, etc) this can be denoted on Monitoring Agreement form provided with equipment

Emergency Contact Information – At Least 1 Required

Emergency Contact Name	Emergency Contact Phone	Emergency Contact Relation

Payment Processing

Credit/Debit Card #/AMEX	Expiration Date	CVV Code
Credit/Debit Card		
American Express Card		

OR

Bank Name	Bank Routing #	Checking Account #

Desired day of payment withdrawal (1st-28th): _____ Activation Fee: _____ **ONE TIME**

_____ + Fall Detection = Tot. Monthly Cost

Sales ID: _____ Order Date: _____ Order No. _____