



SOS ALARM
3273 Biddle Rd
Medford OR 97504

Please print address as you wish your bills to appear:

Account Name _____

Attn:,PMB etc _____

Mailing Address _____

City/State/Zip _____

Return to SOS Alarm:

Fax (541) 776-2819
E-mail billing@sosasap.com

Billing Contact _____

Account no. _____

E-mail _____

Telephone _____

Step 1: Cycle

Monthly (not available if mailed)
 Quarterly
 Semi-Annually
 --- Annually

Monitoring fees are debited on the first day for the ensuing period.

Step 2: Payment method

<p align="center">Electronic FundsTransfer</p> <p>Please include a void check</p>	<p><input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank: _____</p> <p>Name on account: _____</p> <p>Routing Number: _____ Account Number: _____</p> <p align="center">Will apply to monitoring and service invoices. A receipt will be provided to the e-mail address listed above</p>
<p align="center">Debit or Credit card</p> <p><i>Visa, Mastercard, or Discover only</i></p>	<p>Cardholder's Name: _____</p> <p>Card Number: _____ Exp. Date: _____</p> <p align="center">You will receive a form to update at expiration</p> <p align="center">Will apply to monitoring and service invoices. A receipt will be provided to the e-mail address listed above.</p>
<p align="center">Other</p>	<p><input type="checkbox"/> Mail invoices (not available monthly)</p> <p><input type="checkbox"/> E-mail invoices to above address</p>
<p align="center">Please sign & Date</p>	<p>Signature: _____ Date _____</p>