



LifeGuardianPro™ Medical Alarm Enrollment Form

- 1) Complete all sections of this enrollment form.
- 2) Fax, email or mail this completed Enrollment Form to LifeGuardian.
- 3) Your new LifeGuardian system will ship the same day your order is received!

1. PERSON USING THE LIFEGUARDIAN:

Subscriber (user) Name: _____
 Home Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____
 Nearest Cross Street: _____

2. PERSON ORDERING THE LIFEGUARDIAN:

Provider ID#: _____
 Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

3. DELIVER MY LIFEGUARDIAN TO:

Subscriber Person Ordering Billing Address Other:
 Delivery Name: _____
 Delivery Address: _____
 City State Zip: _____
 Phone: _____
 Email: _____

4. BILL MY LIFEGUARDIAN SERVICE TO:

Subscriber Person Ordering Delivery Party Other:
 Billing Name: _____
 Billing Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

5. QUARTERLY SERVICE PLAN:

<u>Service Plan</u>	<u>Monitoring</u>	<u>Activation Fee</u>
<input type="checkbox"/> Quarterly Billing Plan	\$49/mo	\$49 (one-time)

Quarterly Plan includes FREE LifeGuardian PRO equipment rental. There are no other fees or charges. Your rate is guaranteed and will never be increased. Cancel without penalty fees at any time.

6. RECOMMENDED PRODUCTS & SERVICES:

<u>Qty</u>	<u>Item</u>	<u>Cost</u>
_____	Hide-A-Key Lock Box Safe	\$39
_____	Extra Wireless Help Button Kit	\$4 each/mo
_____	Wireless Wall/Bath Help Button	\$4 each/mo
_____	Wireless CO2 Detector	\$8 each/mo
_____	Activity Assurance Monitor	\$8 each/mo
_____	Wireless Smoke/Fire Detector	\$8 each/mo

7. PAYMENT METHOD (Choose one):

Checking Account ACH Deduction
 Bank Name: _____
 Account Number: _____
 Routing Number: _____
(Include copy of a voided check with this Enrollment Form)

Credit / Debit Card Deduction (Visa / MC / AX / Disc)
 Name On Card: _____
 Card Number: _____
 Expiration Date: _____ CVV Code (3-4 digits): _____

8. SERVICE AGREEMENT ACCEPTANCE (Signature Required)

Thank you for choosing a LifeGuardianPro™ Medical Alarm System. I hereby authorize LifeGuardian Technologies, LLC or its assignee, Monitoring Services, to commence automatic bank account deductions (EFT) or submit credit card charges based upon the Payment Method that I selected above. I understand the quarterly rental plan selected above will renew automatically until I cancel this authorization by delivering written cancellation notice with the return my LifeGuardianPro™ rental equipment to LifeGuardian Technologies, LLC no less than 30 days in advance of the next billing period. I understand and accept that I have up to thirty days from delivery to return my new LifeGuardian system without any cost or obligation.

Subscriber Signature (Required): _____ Date: _____

RETURN COMPLETED ENROLLMENT FORM TO:

LIFEGUARDIAN TECHNOLOGIES, LLC
 125 Old Grove Road Ste 9-310 Oceanside, CA 92057
 PHONE: 800-209-3814 • FAX: 800-209-3813 • EMAIL: SERVICE@LIFEGUARDIANMEDICAL.COM