



LifeGuardianPro™ Medical Alarm Order 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 next business day!

1. PERSON USING THE LIFEGUARDIAN:

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

2. PERSON ORDERING THE LIFEGUARDIAN:

Authorized CareGiver ID# (if applicable): _____
 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. SERVICE PLAN:

Service Plan	Equipment	Monitoring	Activation
<input checked="" type="checkbox"/> Quarterly	Included	\$44/mo	\$99

Monitoring service fee automatically billed in advance quarterly. There are no other usage fees or charges. Your monthly rate is guaranteed and will never increase. Service Agreement term is only three months. Cancel anytime .

6. RECOMMENDED PRODUCTS & SERVICES:

Qty	Item	Cost
_____	Hide-A-Key Lock Box Safe	\$39 each
_____	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 EFT Deduction (Save \$2/month!)
 Bank Name: _____
 Account Number: _____
 Routing Number: _____
(Include copy of a voided check with this Enrollment Form)

Credit 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 understand that a Subscriber Information Form will be included with the LifeGuardian system and that I agree to complete and return the form for complete activation of my LifeGuardian 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 service plan selected above will renew automatically until I cancel this authorization by delivering written notice and equipment to LifeGuardian Technologies, LLC no less than 30 days in advance of the next billing period. Service Agreement term is three (3) months and all pre-paid monitoring service fees are non-refundable. I understand and accept that I have up to seven (7) days from the delivery date to return my new LifeGuardian system. A one-time, non refundable \$99 account activation and set-up fee applies to all new orders. There are no other fees or charges. Your monthly rate is guaranteed for as long as you subscribe and will never increase.

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