Premier Security Solutions New Account Worksheet

Please fill out highlighted areas completely- Missing information may delay data entry

System/Account #:			
Business Name:			
Address:	City:	State:	Zip:
Suite #: / Permit #:	Site Telephone Number:		
Accounting Fax #	Secondary Premises Number:		

Responding Agency	Authority Name	Dispatch Telephone Number
Police Dept.		
Fire Dept.		
Other (Security, etc.)		

Required Fire System: ☐ Yes ☐ No | Timer Test: ☐ Yes ☐ No Frequency in Hours:

Password or Abort Code: | Cross Street:

Responsible parties to be notified in priority order

Name	Password or Abort Code, if different from above	Area Code & Telephone Number (Cell)	Area Code & Telephone Number (Home)	4 Digit PIN code to arm/disarm

Zone Information: To be filled out by Premier Security Solutions

Code Transmitted to Central Station	Description	Audible or Silent A or S	Verify Yes or No	Dispatch Instructions
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	
		☐ ☐	☐ ☐	

Contact ID: ☐ Yes ☐ No | Panel Type: | Format:

Is an additional list attached for Responsible Parties, Pass Code Holders, or Zones? ☐ Yes ☐ No

Does this account transmit ***supervised open and close signals***? ☐ Yes ☐ No **(If yes, complete the Open & Close Worksheet.)**

Special Instructions:

Authorized by

Data Entry by: | Date:

Fax form to: (650) 595-4143 or mail to PSS, 270 Harbor Blvd, Belmont, CA 94002 Attention: Data Entry (650) 595-3836

Premier Security Solutions
Additional User/Update Form

Account Name:	**City:**

Account/System #:

User Name	4 Digit PIN code	ADD USER	**DELETE USER**	Password (if different from PIN Code)

Authorized by:	Date:

Shaded section to be completed by Data Department personnel

Data Entry by:	Date:
Proofed by:	Date:

Fax form to: (650) 595-4143 or mail to PSS, 270 Harbor Blvd, Belmont, CA 94002 Attention: Data Entry (650) 595-3836

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Additional User Information

Account Name:
System/Account Number:

Responsible parties to be notified in order of priority

Name	PIN NUMBER	Area Code & Telephone Number (CELL)	Area Code & Telephone Number (HOME)	Password (if different from PIN #)

Authorized by:	Date:

Shaded section to be completed by Data Dept personnel

Data Entry by:	Date:
Proofed by:	Date:

When complete please fax to 650-595-4143 ATTN: DATA DEPT