

DIRECT BILLING ACCOUNT

CHANGE ON EXISTING ACCOUNT

ACCOUNT CHANGE-OVER

ALARM MONITORING SERVICE AGREEMENT

Operations: 1-800-NED-COPS

(800-633-2677)

LYDIA SECURITY MONITORING, INC.

D/B/A CENTRAL OFFICE PROCESSING SERVICES,

C.O.P.S. MONITORING, AND ALARMWATCH

P.O. BOX 836

Williamstown, NJ 08094

Fax: 856-629-4043

- INTERNAL USE ONLY -

ENTERED BY _____

DATE _____

INVOICE # _____

START MONITORING ON (DATE) _____

DEALER USE

SUBSCRIBER OR DEALER LIC./REG.# _____

REC.# _____

ACCOUNT# _____

THIS AGREEMENT IS MADE THIS _____ DAY OF _____, _____ BY AND BETWEEN LYDIA SECURITY MONITORING, INC. DBA CENTRAL OFFICE PROCESSING SERVICES, C.O.P.S. MONITORING, AND ALARMWATCH ("COMPANY") AND _____ ("SUBSCRIBER").

SUBSCRIBER IS SOMETIMES REFERRED TO HEREIN AS "YOU" OR "YOUR".

MONITORED ADDRESS _____ ("PREMISES")

CITY _____ TOWNSHIP _____ STATE _____ ZIP CODE _____

CALL TO VERIFY PHONE NO. 1: (____) _____ - _____

CALL TO VERIFY PHONE NO. 2: (____) _____ - _____

SUBJECT TO THE TERMS AND CONDITIONS HERINAFTER SET FORTH, COMPANY AGREES TO PERFORM MONITORING SERVICES (DEFINED IN THE SECTION TITLED "MONITORING SERVICE") FOR AN ELECTRONIC SECURITY ALARM AND/OR VIDEO AND/OR VOICE COMMUNICATION SYSTEM ("SYSTEM"), AS A SUBCONTRACTOR OF _____ ("DEALER").

YOU UNDERSTAND AND AGREE THAT YOUR LOCAL MUNICIPALITY MAY REQUIRE THAT YOU OBTAIN A LICENSE OR PERMIT FOR THE USE OR MONITORING OF THE SYSTEM AND THAT YOU ARE SOLELY RESPONSIBLE FOR DETERMINING AND COMPLYING WITH SUCH OBLIGATIONS. ACCOUNT IS U.L. CERTIFIED FOR FM CERTIFIED FOR BURG. FIRE DEALER# _____

PASS CODES: _____ / _____ / _____

COMMENTS: _____

ACCT TYPE: COMMERCIAL RESIDENTIAL
TRANSMISSION FORMAT: _____
PANEL TYPE: _____
2-WAY VOICE MODULE: _____

AUTHORITIES LISTED IN ORDER AGENCIES OR AUTHORITIES TO BE NOTIFIED CHECK P=POLICE, F=FIRE, M=MEDICAL, OR A=AUXILIARY PHONE #:
P1 F1 M1 A1 CALL: _____ (____) _____ - _____
P2 F2 M2 A2 CALL: _____ (____) _____ - _____
P3 F3 M3 A3 CALL: _____ (____) _____ - _____

| NAME | CHOOSE ONE NOTIFICATION METHOD: | | | PHONE NUMBER OR EMAIL ADDRESS | PHONE DESCRIPTION OR CELL PHONE CARRIER FOR TEXT MESSAGES |
|----------|---------------------------------|--------------------------|--------------------------|-------------------------------|---|
| | CALL | EMAIL | TEXT | | |
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 4. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 5. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 6. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

ALARM COMPANY NOTIFICATION
ATTENTION DEALER: ALARM NOTIFICATION WILL BE SENT VIA COP-A-FAX OR EMAIL IF YOU HAVE ACTIVATED EITHER SERVICE. IF DEALER PHONE NOTIFICATION IS REQUIRED, INDICATE WITH EITHER "A" (ALARM COMPANY NOTIFICATION) OR "R" (RUNNER FOR FIRE SYSTEM RESPONSE) IN "AL CO" FIELD.

| CODE/ ZONE | USE TEMPLATE # _____ ATTACH RIDER FOR SPECIAL INSTRUCTIONS OR ADDITIONAL CODES SUPERVISED TEST FREQUENCY (i.e. 24, 72, 168, etc.): _____ CODE SPECIFIC <input type="checkbox"/> | OPENING/CLOSING: <input type="checkbox"/> SUPERVISED <input type="checkbox"/> UNSUPERVISED | CHECK ONE (IF APPLICABLE) | | AUTHORITY REF # | RESPONDING PARTY REF # | AL CO |
|---------------|--|--|---------------------------|-----------------|-----------------|------------------------|-------|
| | | | CALL TO VERIFY | NOTIFY PREMISES | | | |
| _____ | CONDITION _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | |
| _____ | CONDITION _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | |
| _____ | CONDITION _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | |
| _____ | CONDITION _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | |
| _____ | CONDITION _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | |
| _____ | CONDITION _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | |
| _____ | CONDITION _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | |

- DISPATCH MODIFICATION (SELECT ONLY ONE)**
- ACTIVATE "SUBSCRIBER DELAY OF DISPATCH" MODIFICATION TO MY ACCOUNT (MAXIMUM OF FOUR SEPARATE CALLS PRIOR TO DISPATCH)
 - ACTIVATE "MULTIPLE ALARM ANALYSIS" BEFORE RESPONDING TO MY ACCOUNT: DO NOT RESPOND TO A BURGLAR ALARM SIGNAL UNLESS MORE THAN ONE UNIQUE CODE OR ZONE IS RECEIVED WITHIN _____ MINUTES (MAXIMUM 10 MINUTES)
 - ACTIVATE "DUPLICATE SIGNAL SUPPRESSION" AFTER RESPONDING TO MY ACCOUNT: AFTER INITIALLY DISPATCHING THE POLICE DEPARTMENT, DO NOT RESPOND TO REPEAT BURGLARY OR LOWER PRIORITY ALARMS WITH DUPLICATE CODES OR ZONES RECEIVED WITHIN _____ MINUTES (MAXIMUM 60 MINUTES)

NOTICES TO SUBSCRIBER. YOU SPECIFICALLY ACKNOWLEDGE AND ACCEPT THE DISCLAIMER/LIMITATION OF LIABILITY AND INDEMNITY PARAGRAPHS HEREOF. TERMS AND CONDITIONS ON THE REVERSE SIDE ARE AN INTEGRAL PART OF THIS AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT. READ THE FRONT AND REVERSE BEFORE SIGNING. NO WARRANTIES. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, WHICH EXTEND BEYOND THE DESCRIPTION ON THE FACE OR REVERSE HEREOF, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

IN WITNESS WHEREOF, THE PARTIES, INTENDING TO BE LEGALLY BOUND HEREBY, HAVE SIGNED OR CAUSED THIS AGREEMENT TO BE SIGNED ON THE DATE FIRST ABOVE WRITTEN.

LYDIA SECURITY MONITORING, INC. **SUBSCRIBER:**

BY: _____ BY: _____
AUTHORIZED REPRESENTATIVE SIGNATURE SIGNATURE

PRINTED NAME PRINT OR TYPE NAME