



Customer Credit/Debit Card Payment Authorization

(Please fill out this form in detail and send it to us by mail or fax, not email!)

Check one: Visa MasterCard American Express Discover

Credit Card# _____

Expiration Date: _____ Security Code#: _____

Name on Card: _____

Billing Address of Card:

Street _____

City: _____

State: _____ ZIP Code: _____

I, the undersigned, hereby authorize H.E.S. Electronics to charge this credit card for periodic monitoring and/or lease payments and \$149.99 for the Belle unit if it is not returned within ten (10) days of cancellation.

Other charges to this credit card may only be performed upon separate authorization such as an invoice or proposal indicating the date and amount to be charged when signed or verbal authorization is given by me.

PRINT NAME: _____

Cardholder Signature: X _____ Date: _____

Best Contact Phone Number: _____

Your Email address for receipts: _____

If shipping address for products if different than above, ship to this address:

Periodic Charges will continue until signed written cancellation is received at the above address.

911 Responder mPERS Customer Set Up Form

Please print clearly in block letters! This information will be confidential.

Your Name _____

Full Address: (including apt, building, floor and/or unit number)

Unique directions (if needed):

Contact Phone for you: _____ () Cell () Home Phone

YOUR LOCAL DISPATCH NUMBER for EMS (not 911!):

CONTACT PERSONS (Friends, relatives, neighbors)

1 Name: _____ Phone: _____

2 Name: _____ Phone: _____

3 Name: _____ Phone: _____

4 Name: _____ Phone: _____

Who has a key or how can authorities gain access to your home should you be unable to unlock the door to let someone in? (superintendent, manager, neighbor, or friend?)

Just call the list above Use the information provided below:

Are there any special conditions that exist that we should notify the authorities about should you require emergency response? (for example: oxygen in use, unable to walk, speak or hear; allergies, medical conditions, Preferred Hospital, etc.)
