

# MEDICAL ALARM ORDER FORM

## FAX FORM TO: 1-800-998-2351

Customer Service  
877-782-1234

ACCOUNT # \_\_\_\_\_ STORE # \_\_\_\_\_ AGENT # Stacy Goebel REP # Stacy Goebel

### USER INFORMATION

Last Name		First		M	Date
Street				Apartment/Unit #	
City		State		Zip	
Home#		Cell#		Email	
Time Zone: East <input type="checkbox"/>		Central <input type="checkbox"/>		Mountain <input type="checkbox"/>	
Pacific <input type="checkbox"/>		Phone Type: Standard <input type="checkbox"/>		DSL <input type="checkbox"/>	
VOIP <input type="checkbox"/>		Rotary <input type="checkbox"/>			
Ship to Address (if different from above)					

### PROGRAM PRICING

ITEM		TOTAL	
MediPendant™ Program	Quarterly <input type="checkbox"/> \$34.95/mo (\$104.85) Semi-Annually <input type="checkbox"/> \$32.95/mo (\$197.70) Annually <input type="checkbox"/> \$29.95/mo (\$359.40)	\$	
Lockbox	Quantity _____ 4-digit code _____ Location _____ <input type="checkbox"/> \$ 39.95 -OR- <input type="checkbox"/> \$2/MO (SEMI-ANNUAL ONLY ) <input type="checkbox"/> FREE W/ ANNUAL	\$	
Additional Pendant	Quantity _____ <input type="checkbox"/> \$5/MO (\$15 – quarterly, \$30 – semi-annually, or \$45 annually) -OR- <input type="checkbox"/> \$75 one-time	\$	
Shipping	Ground <input type="checkbox"/> \$14.95 (FREE W/ ANNUAL)	2 <sup>nd</sup> day <input type="checkbox"/> \$29.95 Overnight <input type="checkbox"/> \$49.95	\$
Miscellaneous		\$	
TOTAL COST	Recurring charge (/mo charges X 3,6,or 12) \$	Today's charge \$	

### BILLING INFORMATION

VISA  MC  AMEX  DISCOVER  CHECKING ACCOUNT

Card #	Exp Date	Security Code
Bank Name	Checking Account #	Routing #
Name on Card/Account		
Billing Address (address of credit card/checking account holder)		
Phone # (of credit card/checking account holder)		Email (of account holder)

### USER EMERGENCY CONTACTS

1.	PHONE
2.	PHONE
3.	PHONE

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_