



## AMERICAN SECURITY & COMMUNICATIONS

7348 Georgia Avenue, NW – Washington, DC 20012  
T: 202-829-7327 F: 202-291-7348

### QUALITY ASSURANCE

_____	_____	
Customer Name	Account Number	
_____	_____	
Street Address	City, State, Zip	
_____	_____	
Technician	Time in	Time out

**Your satisfaction with your Security Alarm or CCTV system and your understanding of the agreement for monitoring service is very important to us.**

Please indicate your response to the following by reading each item carefully, checking "YES" or "NO"

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. I am not under any contractual agreement/obligation with any other company for Security monitoring services.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have purchased a Security alarm and/or CCTV system for a charge of \$_____.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have signed a contract to receive Security monitoring services for a monthly charge of \$_____ for a minimum of _____ months.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I understand that my service will renew for 12 months at a time unless I notify ASC <b>in writing</b> 30 days before the expiration of my contract.                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My Security system and/or CCTV installation included a new alarm control panel and/or new image recording equipment.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I have provided ASC with contact names, telephone numbers and order of contact.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I understand that my Security monitoring account will be activated within 48 hours from installation completion and submission of items in #6                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with the installation of the Security and/or CCTV system, and the system (s) are operational at this time.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The installing technician was courteous and professional during the installation of my Security and/or CCTV system.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I have received a copy of the User Manual for my Security and/or CCTV system.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I have been properly instructed on the use and operation of the Security and/or CCTV system.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I have tested my system and agree to test it regularly (at least once a month). CCTV recorders should be checked more frequently to determine if they are recording properly. | <input type="checkbox"/> | <input type="checkbox"/> |

*I have read and understand this document and have answered each question accurately.  
I have checked "YES" or "NO" to each question.*

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date