



Order Form

Part I: Subscriber Information

Name

Mailing Address

City

State

Zip

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Home Phone Number

Alt. Phone Number

Telephone Service Provider

E-mail Address

Part II: First Response Med Alert Kit Selection

Monthly First Response Med Alert Kit: Includes a home station, emergency button with pendant, wrist-wear or wheelchair band option, back-up battery, power cord and phone cord. Monthly monitoring fee is **\$29.95**.

Quarterly First Response Med Alert Kit: Includes a home station, emergency button with pendant or wrist-wear or wheelchair band option, back-up battery, power cord and phone cord. Monthly monitoring fee is **\$24.95** and must be pre-paid on a quarterly basis.

Annual First Response Med Alert Kit: Includes a home station, emergency button with pendant or wrist-wear or wheelchair band option, back-up battery, power cord and phone cord. Monthly monitoring fee is **\$19.95** and must be pre-paid on an annual basis.

Part III: Accessories Selection (Check up to Three)

Additional Pendant: \$4.00/month

Wall-Mount Emergency Communicator: \$4.00/month

Additional Pendant: \$4.00/month

Wall-Mount Emergency Communicator: \$4.00/month

Additional Pendant: \$4.00/month

Wall-Mount Emergency Communicator: \$4.00/month

Part IV: Billing Instructions

Bill to Subscriber

Bill to Another (complete portion below)

Name

Billing Address

City

State

Zip

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Phone Number

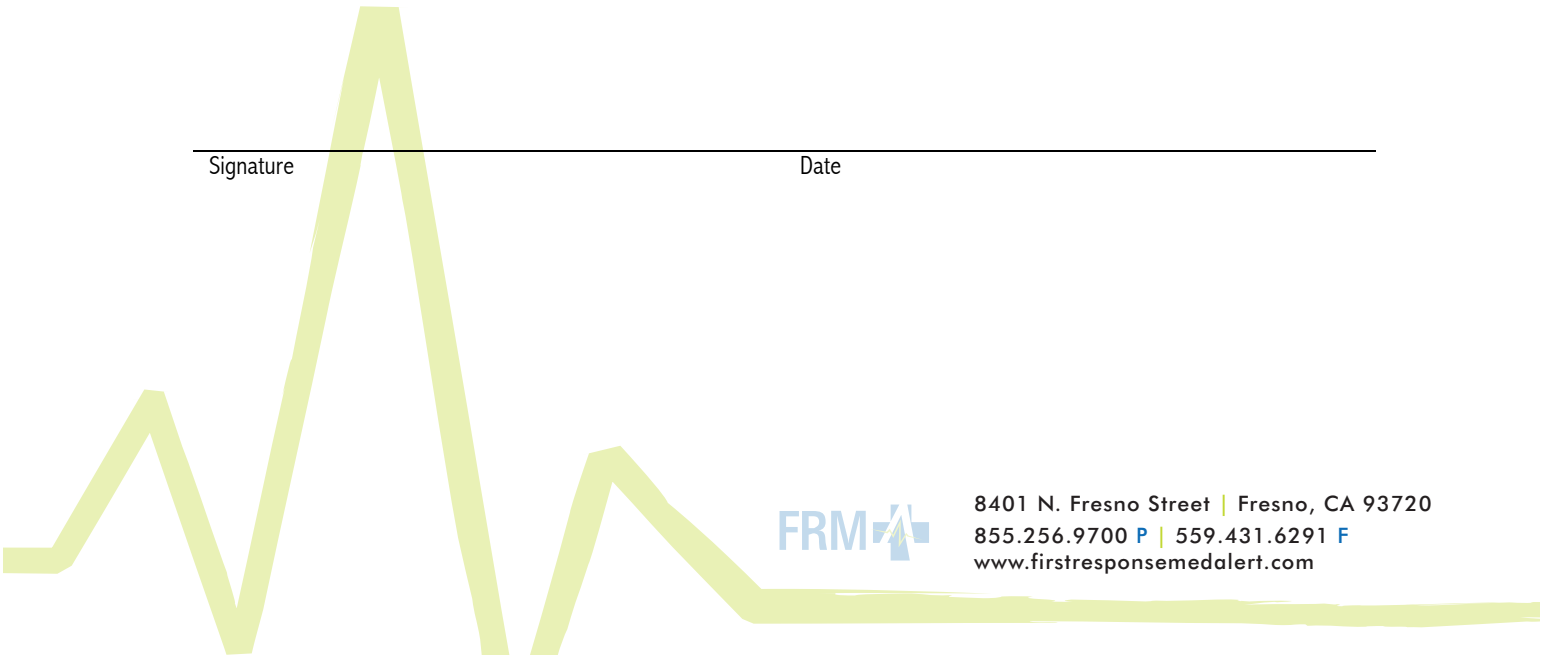
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Alt. Phone Number

Part V: Payment Method

<input type="checkbox"/> Deduct from Checking Account (Must Attach a VOID check)	<input type="checkbox"/> Bill to Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx
_____ Bank Name	_____ Name on Card
_____ Account Number	_____ Card Number
_____ Routing Number	_____ Expiration Date

Signature

Date



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