



LifeGuardian™ Medical Alarm Enrollment Form

- 1) Complete all sections of this enrollment form.
- 2) Fax, email or mail this completed Enrollment Form to LifeGuardian.
- 3) Your new LifeGuardian system will ship the same day your order is received!

1. PERSON USING THE LIFEGUARDIAN SYSTEM:

Subscriber (user) Name: _____
 Home Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____
 Nearest Cross Street: _____

2. PERSON ORDERING THE LIFEGUARDIAN SYSTEM:

Subscriber Other:
 Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

3. BILL MY LIFEGUARDIAN SERVICE TO:

Subscriber Person Ordering Other:
 Billing Name: _____
 Billing Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

4. DELIVER MY LIFEGUARDIAN SYSTEM TO:

Subscriber Person Ordering Billing Address Other:
 Delivery Name: _____
 Delivery Address: _____
 City State Zip: _____
 Phone: _____
 Email: _____

5. SERVICE PLAN SELECTED (Choose One):

Service Plan	Service	Purchase
<input type="checkbox"/> Annual Purchase Plan	\$25/mo	\$199
<input type="checkbox"/> Quarterly Purchase Plan	\$30/mo	\$199
<input type="checkbox"/> Monthly Purchase Plan	\$35/mo	\$199
<input type="checkbox"/> Annual Rental Plan	\$35/mo	Included
<input type="checkbox"/> Quarterly Rental Plan	\$40/mo	Included
<input type="checkbox"/> Monthly Rental Plan	\$45/mo	Included

6. RECOMMENDED PRODUCTS & SERVICES:

Qty	Item	Cost
_____	Hide-A-Key Lock Box Safe	\$4/mo each
_____	Extra Wireless Help Button Kit	\$4/mo each
_____	Wireless Wall/Bath Help Button	\$4/mo each
_____	Wireless Smoke/Fire Detector	\$8/mo each
_____	Wireless CO2 Detector	\$8/mo each
_____	Activity Assurance Monitor	\$8/mo each

7. PAYMENT METHOD (Choose one):

Checking Account Electronic Funds Transfer (Save \$2/Mo)
 Bank Name: _____
 Account Number: _____
 Routing Number: _____
(Include copy of a voided check with this Enrollment Form)

Credit Card Deduction (Visa / MC / AX / Disc)
 Name On Card: _____
 Card Number: _____
 Expiration Date: _____ CVV Code (3-4 digits): _____

8. SERVICE AGREEMENT ACCEPTANCE (Signature Required)

Thank you for choosing a LifeGuardian Medical Alarm System. I hereby authorize LifeGuardian Technologies, LLC or its assignee, Monitoring Services, to commence automatic bank account deductions (EFT) or credit card billings based upon the Payment Method that I selected above. I understand the monthly, quarterly or annual billing plan selected above will renew automatically until I cancel this authorization through written notice to LifeGuardian Technologies, LLC no less than 30 days in advance of the next billing period. I understand and accept that I have thirty days from delivery to return my new LifeGuardian system without any cost or obligation. There are no other fees or charges. Your monthly rate is guaranteed for as long as you subscribe and will never be increased. Cancel without penalty fees or early termination fees at any time.

Subscriber Signature: _____ Date: _____

RETURN COMPLETED ENROLLMENT FORM TO:

LIFEGUARDIAN TECHNOLOGIES, LLC

125 Old Grove Road Ste 9-310 Oceanside, CA 92057

PHONE: 800-209-3814 ● FAX: 800-209-3813 ● EMAIL: SERVICE@LIFEGUARDIANMEDICAL.COM