



LifeGuardian™ Medical Alarm Order Form

- 1) Complete all sections of this enrollment form.
- 2) Fax, email or mail this completed Order Form to LifeGuardian.
- 3) Your new LifeGuardian system will ship the next business day!

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	System Price	Activation
<input type="checkbox"/> Annual	\$24/mo	\$199	Free
<input type="checkbox"/> Quarterly	\$29/mo	No Charge	Free
<input type="checkbox"/> Monthly	\$34/mo	No Charge	Free

There are no other usage fees or charges. Your monthly rate is guaranteed and will never increase. Cancel anytime with no cancellation or early termination fee.

6. RECOMMENDED PRODUCTS & SERVICES:

Qty	Item	Cost
_____	Hide-A-Key Lock Box Safe	\$39/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 CO Detector	\$8/mo each
_____	Activity Assurance Monitor	\$8/mo each
_____	Express Delivery Service	\$99

7. PAYMENT METHOD (Choose one):

Checking/Savings Account Electronic Funds Transfer
 Bank Name: _____
 Account Number: _____
 Routing Number: _____
(Include copy of a voided check with this Order Form)

Credit/Debit 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 Healthcare Inc. 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 in advance until I cancel this authorization through written notice to LifeGuardian Healthcare Inc. no less than 30 days in advance of the next billing period. I understand and accept that I have fourteen (14) days from delivery to return my new LifeGuardian system to qualify for a refund. There are no other usage fees or charges. Your monthly rate is guaranteed for as long as you subscribe and will never increase. Cancel without penalty fees or early termination fees at any time.

Subscriber Signature: _____ Date: _____

RETURN COMPLETED ORDER FORM TO:

LifeGuardian Healthcare Inc. ● 125-9 Old Grove Road Suite 310 Oceanside, CA 92057
 PHONE: 800-378-2957 ● FAX: 760-967-6076 ● EMAIL: service@lifeguardian.net