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|  | FIRE-LINKCUSTOMER CONNECTION FORM |

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| ***BUILDING OCCUPIER INFORMATION***  |
| ***Building Name*** |  |
| ***Contact Name*** |  | ***Phone Number*** |  |
| ***Physical Address*** |  |
| ***Suburb*** |  | ***New Building?*** | **[ ]  *Yes*** [ ]  ***No*** |
| ***Town/City*** |  |
| ***Postal Address****Leave blank if the same as physical address* |  |
| ***Suburb*** |  | ***Mobile*** |  |
| ***Town/City*** |  | ***Tenant?*** | **[ ]  *Yes*** [ ]  ***No*** |
| ***Email Address*** |  |
| ***BUILDING OWNER INFORMATION*** *If the building occupier above is not the building owner, please provide details below* |
| ***Contact Name*** |  | ***Phone Number*** |  |
| ***Postal Address*** |  |
| ***Suburb*** |  |  ***Mobile*** |  |
| ***Town/City*** |  |
| ***Email Address***  |  |
| ***BUILDING OWNER REPRESENTATIVE INFORMATION*** *If the building contact above is not the building owner, please provide details below* |
| ***Contact Name*** |  | ***Phone Number*** |  |
| ***Postal Address*** |  |
| ***Suburb*** |  |  ***Mobile*** |  |
| ***Town/City*** |  |
| ***Email Address***  |  |

 ***BUILDING CONTACTS INFORMATION*** *For After Hours Access (Mandatory Field\*)*

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| --- | --- | --- | --- | --- |
| ***Name*** | ***Mobile*** |  ***Phone*** | ***Email*** | ***Voice ID*** |
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| ***Guard Required if contacts can not be contacted after hours?*** *Note: There is no charge for a guard attendance* | **[ ]  *Yes*** [ ]  ***No*** |  |

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| ***FIRE ALARM SERVICE COMPANY INFORMATION*** |
| ***Install Company Name*** |  | ***Phone*** |  |
| ***Contact Name*** |  | ***Mobile***  |  |
| ***Connection Date*** |  **/ /**  | ***Job Ref*** |  |
| ***ACCOUNTS/BILLING INFORMATION*** *(Mandatory Field\*)* |
| ***Accounts Payable Contact*** |  | ***Phone*** |  |
| ***Email Address*** |  | ***Mobile*** |  |
|  |
| **Authorised By Date / /**  |

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| ***Once from is complete please send to:*** ***fire-link@alarmnz.com****ALARM NETWORKS Monitoring Ph: 093030303 | Service Ph: 09 303 3033**Any queries, please contact: helpdesk@alarmnz.com* |