



**SOS ALARM**  
**3273 Biddle Rd**  
**Medford OR 97504**

*Please print address as you wish your bills to appear:*

Account Name \_\_\_\_\_

Attn:,PMB etc \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Return to SOS Alarm:**

**Fax (541) 776-2819**  
**E-mail billing@sosasap.com**

Billing Contact \_\_\_\_\_

**Account no.** \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone \_\_\_\_\_

**Step 1: Select Cycle**

Monthly   
  Quarterly   
  Semi-Annually   
  Annually

*All monitoring fees are billed the first day of the selected period and are due within 10 days*

**Step 2: Select Payment method**

<p align="center"><b>Option 1:</b></p> <p align="center"><b>Electronic FundsTransfer</b></p> <p>Please include a voided check</p>	<p><input type="checkbox"/> Checking    <input type="checkbox"/> Savings    Bank: _____</p> <p>Name on account: _____</p> <p>Routing Number: _____</p> <p>Account Number: _____</p> <p align="center"><b>Will apply to monitoring and service invoices.</b></p>
<p align="center"><b>Option 2:</b></p> <p align="center"><b>Debit or Credit card</b></p> <p><i>Visa, Mastercard, or Discover only</i></p>	<p>Cardholder's Name: _____</p> <p>Card Number: _____ - _____ - _____ - _____    Exp. Date: ____/____/____</p> <p align="center"><small>You will receive a form to update at expiration</small></p> <p align="center"><b>Will apply to monitoring and service invoices</b></p>
<p align="center"><b>Invoice/Receipt Delivery</b></p>	<p><input type="checkbox"/> E-mail to: _____</p> <p><input type="checkbox"/> Mail to above address – Receipts for automatic payments available via e-mail only</p>
	<p><small>Credit Card/EFT discounts are not available on all accounts. Some accounts may be subject to a \$2.00 per invoice mailing fee.</small></p> <p><small>SOS Alarm reserves the right to deposit any check through Electronic Funds Transfer.</small></p>
<p align="center"><b>Please sign &amp; Date</b></p>	<p>Signature: _____    Date _____</p>