

PHONE: 1-800-457-7252 FAX: 909-980-4477

Email: ar@kpsalarms.com

## APPLICATION FOR PAYMENT OR AUTOMATIC PAYMENT BY CREDIT CARD (Please print and provide all information requested below)

CUSTOMER'S NAME			
ADDRESS			
	CELL PHONE		
NAME AS IT APPEARS ON CRED	OIT CARD		
TYPE OF CARD:V	ISAMASTER CARD	AMEXDISCOVER	
CARD NUMBER		_EXP. DATE	
AMOUNT AUTHORIZED	SEC	URITY CODE	
MONTHLY PAYMENTS	QUARTERLY PAYMENTS1 TIN	IE PAYMENTANNUAL PAYMENT	
START DATE FOR CREDIT CARD	PAYMENTS		
BILLING ADDRESS			
SIGNATURE	DATE		
**************************************	***********	**********	
DATE RECEIVED	BY	·····	
KPS ACCOUNT #	MONITORING ACCOU	NT#	
PAYMENT APPLIED BY		_DATE	
INFORMATION CHANGED IN KP	S DATA BASE		
PERFORMED BY:		_DATE	
SENT CHANGES (DATE)	TO ADT, IF	TO ADT, IF APPLICABLE	