



Credit Information/Emergency Notification List

You agree that Bay Alarm Company at their option, may request a business and/or consumer credit report, or otherwise investigate your credit. Bay Alarm will not share User information unless as required by law and/or provided for in your agreement

Credit Information

User's Last Name: _____ User's First Name: _____ User's Middle Initial: _____
 Current Address: _____ City: _____ State: _____ Zip: _____ How Long: _____
 Previous Address: _____ City: _____ State: _____ Zip: _____ How Long: _____
 Birthdate: _____ Social Security #: _____ Driver's License #: _____
 Employer Name: _____ Address: _____ Phone #: _____
 Spouse or Co-Applicant Full Name: _____ Birthdate: _____ Social Security #: _____
 Spouse or Co-Applicant Employer's Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____

BayNet Online Management of Your Account

Bay Alarm Company **offers free** Online Account Management (BayNet) to our active customers. Please provide us with an authorized person's name and email address we will automatically set this service up for you. If you are subscribing and paying for BayNetPlus or E-Autolog the below information is required.

Authorized Email Address : _____
 Authorized User's Name: _____

Jurisdictions

It is the User's responsibility to provide their current jurisdictions for dispatching purposes. Please list below the jurisdiction that is responsible to respond to an emergency at your residence.

User's Fire Jurisdiction: _____ City _____ County _____ OTHER (check one) _____
 User's Burglary Jurisdiction: _____ City _____ County _____ OTHER (check one) _____

Emergency Notification List

We need to reach you or your alarm responder in case of an emergency. In the order listed below, we will contact the following people for notification upon an alarm/emergency:

1. _____ *Email Address:* _____
 Name
 1st Phone Check One Hm Wrk Cell Alt (____) _____
 2nd Phone Check One Hm Wrk Cell Alt (____) _____
 3rd Phone Check One Hm Wrk Cell Alt (____) _____

2. _____ *Email Address:* _____
 Name
 1st Phone Check One Hm Wrk Cell Alt (____) _____
 2nd Phone Check One Hm Wrk Cell Alt (____) _____
 3rd Phone Check One Hm Wrk Cell Alt (____) _____

3. _____ *Email Address:* _____
 Name
 1st Phone Check One Hm Wrk Cell Alt (____) _____
 2nd Phone Check One Hm Wrk Cell Alt (____) _____
 3rd Phone Check One Hm Wrk Cell Alt (____) _____

The following **CODEWORD** is to be used by anyone authorized to cancel alarm activation or to make any changes to the above information.

Codeword: _____ (up to 10 letters)

Authorized Signature: _____ Date: _____
 Co-Applicant Signature: _____

