

**Invisible Service Technicians, LLC**



Invisible Service Technician  
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[www.istmonitor.com](http://www.istmonitor.com)

Monitor Serial #

**Customer Service Agreement**

Complete All Information Below.

**CUSTOMER CONTACT INFORMATION:  
 (RE: Alert Condition)**

**CUSTOMER INFORMATION:**

Customer Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Send Alerts Via:

Email #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Cell Text Message #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Address 1: \_\_\_\_\_

Billing Address 2: \_\_\_\_\_

Billing Address 3: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Billing Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Initial Billing Cycle:  Quarterly  Semi Annually

Annually

Payment Method:  Credit Card  Check

Credit Card Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code (3digits on back of card): \_\_\_\_\_

Visa  Master Card  American Express  Discover

**WEB SITE ACCESS:**

Login: \_\_\_\_\_ Password: \_\_\_\_\_

First Call Name: \_\_\_\_\_  
 Title: Owner Relative Friend/Neigh. Other: \_\_\_\_\_  
 Entry Key?  Yes  No  
 Phone 1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Type:  Work  Home  Cell  
 Allowable Contact Hours: \_\_\_\_\_  
 Phone 2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Type:  Work  Home  Cell  
 Allowable Contact Hours: \_\_\_\_\_  
 Phone 3: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Allowable Contact Hours: \_\_\_\_\_  
 Type:  Work  Home  Cell

Second Call Name: \_\_\_\_\_  
 Title: Owner Relative Friend/Neigh. Other: \_\_\_\_\_  
 Entry Key?  Yes  No  
 Phone 1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Type:  Work  Home  Cell  
 Allowable Contact Hours: \_\_\_\_\_  
 Phone 2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Type:  Work  Home  Cell  
 Allowable Contact Hours: \_\_\_\_\_  
 Phone 3: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Allowable Contact Hours: \_\_\_\_\_  
 Type:  Work  Home  Cell

Third Call Name: \_\_\_\_\_  
 Title: Owner Relative Friend/Neigh. Other: \_\_\_\_\_  
 Entry Key?  Yes  No  
 Phone 1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Type:  Work  Home  Cell  
 Allowable Contact Hours: \_\_\_\_\_  
 Phone 2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Type:  Work  Home  Cell  
 Allowable Contact Hours: \_\_\_\_\_  
 Phone 3: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Allowable Contact Hours: \_\_\_\_\_  
 Type:  Work  Home  Cell

**I authorize IST to bill the Package Fee**

Customer Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Package Type: \_\_\_\_\_  
 IST Part Number (s)