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CUSTOMER ACCOUNT INFORMATION

ACCOUNT #: _____ CUSTOMER #: _____
 CUSTOMER: _____ *AUTHORITY: _____
 PREMISE ADDRESS: _____ TELEPHONE: _____
 _____ FACSIMILE: _____

I, _____, ACKNOWLEDGE THE FOLLOWING INDIVIDUALS HAVE ACCESS TO THE ABOVE NOTED PREMISES AND DO HEREBY REQUEST ACE FIRE PREVENTION LTD. TO PROVIDE THOSE PERSONS LISTED BELOW WITH THE FOLLOWING ACCESS I.D.'S. I FURTHER REQUEST ACE FIRE PREVENTION LTD., OR THEIR DESIGNATES, NOTIFY ONE OF THESE PERSONS, TOGETHER WITH THE APPROPRIATE AUTHORITY, IN THE EVENT AN ALARM SIGNAL IS RECEIVED FROM THE PREMISES.

KEYHOLDER/REFERENCE	TELEPHONE #1	TELEPHONE #2	ACCESS ID

	OPEN	CLOSED
MONDAY:		
TUESDAY:		
WEDNESDAY:		
THURSDAY:		

	OPEN	CLOSED
FRIDAY:		
SATURDAY:		
SUNDAY:		
HOLIDAYS:		

SPECIAL INSTRUCTIONS: _____

THE CUSTOMER ACKNOWLEDGES THE INFORMATION PRESENTED HERE-IN IS TRUE AND CORRECT. ANY CHANGES TO THE ABOVE INFORMATION MUST BE FOLLOWED UP BY WRITTEN CONFIRMATION WITHIN TEN (10) BUSINESS DAYS. IT IS THE CUSTOMER'S RESPONSIBILITY TO ENSURE THE ACCURACY OF ANY SUCH CHANGES. ACE FIRE PREVENTION LTD. AND/OR THEIR DESIGNATES CANNOT BE HELD RESPONSIBLE FOR ANY INACCURATE INFORMATION RECEIVED.

PRINT NAME: _____ SIGNATURE: _____
 TITLE: _____ DATE: _____

*AUTHORITY refers to that/those individual(s) whom are authorized to amend or change the contact information. For your protection, facsimile or email transmissions of this form must be followed by the mailed form bearing the original signature of an individual with AUTHORITY within ten (10) business days before any changes can become permanent.