Customer Fire Link Connection Form

BUILDING OCCUPIER INFORMATION

Building Name		Contact Name	
Phone number	( )	Fax Number	( )

Physical Address

| New Building? | **Y/N** | City | | Suburb | |

Postal Address

| Tenant? | **Y/N** |

| Email Address | | Mobile | |

IF Building Contact is NOT the Building Owner, Provide Information Below

BUILDING OWNER INFORMATION

Contact Name		Mobile	( )
Phone number	( )	Fax Number	( )
Postal Address			
Street, Suburb, Town,, City			

If Building Contact above is NOT the Building Owner, Provide Information Below

BUILDING OWNER REPRESENTATIVE INFORMATION

Contact Name		Mobile	( )
Phone number	( )	Fax Number	( )
Postal Address			
Street, Suburb, Town,, City			

BUILDING CONTACTS INFORMATION (For After Hrs Access) - This MUST be filled in

Name	Phone	Mobile	Email	Voice code

Do you require Guard if contacts can't be contacted after hours **Y / N** note: there is a charge for a Guard attendance

FIRE ALARM SERVICE COMPANY INFORMATION

Install Co. Name		Phone	( )
Contact Name		Mobile	( )
Connection Date		Job Reference	

ACCOUNTS/ BILLING INFORMATION (Must be filled in)

Accts Payable Contact		Phone	( )
Email		Mobile	( )
Authorised By		Date:	

When Completed fax to ALARM New Zealand 09-302 0324 or Post to PO Box 68950, Newton, AKLD
Or Email it helpdesk@alarmnz.com Ph 3030303