



PROGRESSIVE TECHNOLOGY SECURITY SYSTEMS, INC.

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“ON FILE” CREDIT CARD INFORMATION SHEET



**Please fill this form out entirely, sign, and fax to:
 (760) 941-4906 ATTN: Josh**

Address of System Location(s)			
Account Type (circle one)	Residential	Commercial	Municipal Federal
Customer Phone & Fax Numbers	()	()	
Customer Email address			
Name on Card		Billing Zipcode	
Credit Card Number		Exp. Date	
Please check one or both services:	<input type="checkbox"/> Automatically draft my monitoring and/or service bills using the account information above. <input type="checkbox"/> Process payments using the account information above when I instruct you to (via phone or e-mail or website).		

Debit Authorization

By signing below you authorize Progressive Technology Security Systems, Inc. to keep your credit card number on account for the services you have authorized in the check boxes above. Debits for Monitoring and/or Service fees will generally occur in the months of January, April, July, and October unless specified differently as per our contractual agreement.

To discontinue this service, please notify Progressive Technology Security Systems, Inc. in writing at least 30 days in advance of the date you wish services to discontinue.

 Authorized Signature

 Date