



CENTRAL MONITORING SYSTEMS

CALL (631) 269-6800

TOLL FREE (855) 268-6800

## Dealer Information Sheet

**RECEIVER / ACCOUNT INFORMATION** (LEAVE BLANK IF CS HAS NOT YET PROVIDED THIS TO YOU)

Dealer #: \_\_\_\_\_ Receiver: \_\_\_\_\_ Acct Block: \_\_\_\_\_ to \_\_\_\_\_  
Receiver: \_\_\_\_\_ Acct Block: \_\_\_\_\_ to \_\_\_\_\_

**DEALER INFORMATION**

Company Name : \_\_\_\_\_ Contact Person : \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Cell # : \_\_\_\_\_ After Hours Phone # : \_\_\_\_\_ Lic # \_\_\_\_\_

How did you find us? \_\_\_\_\_

**REPORT INFORMATION**

How would you like to receive your daily activity reports? (Please Choose Only One)

BY FAX \_\_\_\_\_ FAX # : \_\_\_\_\_

BY E-MAIL \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Additional NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_