Service Enrollment Form

COPS Monitoring
Your Hometown Central Station

Company Name: _____

Dealer #: _____ Level 3 Passcode*: _____

Requests will not be processed without a Level 3 VERBAL passcode.

COP-A-FAX / COP-A-EMAIL

Please **choose COP-A-FAX or COP-A-EMAIL**

☐ COP-A-FAX Dedicated Phone Line: ___ - ___ - ____

COP-A-Fax requires a dedicated phone line with no automated attendant.

☐ COP-A-Email Email Address: _____

Please provide only one email address. Emailed report will be generated in a PDF format.

Please select the information you would like to receive:

Daily Reports: *(New accounts and data changes)* ☐ Yes ☐ No

Alarm Activity Tickets: ☐ Yes ☐ No

If you checked "Yes" for Alarm Activity Tickets, please enter a delivery time or frequency below:

Once a day at: ___ : ___ ☐ AM ☐ PM or every*: ___ hour(s) : ___ minutes

*Enter a frequency from 15 minutes through 12 hours in 15 minute increments

Note: Enrolling in COP-A-FAX or COP-A-EMAIL authorizes the removal of dealer notification from account notification lists.

E-BILLING

Email Address: _____

E-Billing will be emailed to the above address by the end of the billing month. Custom billing reports are available upon request.

PRIVATE LABEL SUBSCRIBER ACCESS

After a one-time setup fee of $24.95, Private Label Subscriber Access is a flat rate of $24.95 per month per brand and includes smartphone, tablet, and computer access branded with your logo.

Your Company Website Address: _____

Service Email Address: _____

Please provide the email address for "Report System Problem" function in Subscriber Access

Service Phone: ___ - ___ - ____

Please provide the phone number for the "Call Service Department" function in Mobile Subscriber Access (MPower Me)

You must provide an electronic copy of your logo for your Private Label Access (your printer or web designer may have your logo in a jpeg, png, or gif file). Please email your logo to dealer support at **dsupport@copsmonitoring.com** along with this form.
If you are faxing this form, please email your logo and note that your enrollment form has been faxed separately.

Your Name: _____

Contact Phone: _____ Email: _____

Please provide your contact phone number/extension and email address so that we may contact you

Email this completed form to Dealer Support at dsupport@copsmonitoring.com
You may also print this form and fax it to 856-629-4043

Please contact our Dealer Support Department @ 800-367-8798 with any questions

PO Box 836, Williamstown, NJ 08094

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