

Webway Alarm Order Form

Fax back to: 0844 415 5555 or email: sales@visualverification.com

<p>Site Name:</p> <p>Address:</p> <p>Contact:</p> <p>Tel: Fax :</p> <p>Email:</p>	<p>Alarm Information: (No, Description, Response)</p> <p>Alarm 1..... Alarm 2..... Alarm 3..... Alarm 4..... Alarm 5..... Alarm 6..... Alarm 7..... Alarm 8..... Alarm 9..... Alarm 10..... (Continue on separate sheet if necessary)</p> <p>Pin Alarm profile: Hardwire YES / NO</p> <p>If no, please state alarm panel type & model:</p>																				
<p>IP Details</p> <p>Fixed IP <input type="checkbox"/> or DHCP <input type="checkbox"/></p> <p>If a Fixed IP:</p> <p>Internal IP Address: (for Webway Unit to connect to)</p> <p>Local Address of Router:</p> <p>Subnet Mask Address:</p>	<p>Response Procedure: Keyholder/Police/Security Guard</p> <p>Emergency Service Details:</p> <p>Police Tel:..... Site URN:.....</p> <p>Fire Brigade Tel:.....</p>																				
<p>Invoicing</p> <p>Company to be invoiced: Installation Company <input type="checkbox"/> (please tick) Customer <input type="checkbox"/> Other <input type="checkbox"/></p>																					
<p>Keyholder Information: <u>YOU MUST PROVIDE A MINIMUM OF TWO KEYHOLDERS</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Priority</th> <th style="width: 40%;">Contact Name</th> <th style="width: 20%;">Tel. Number</th> <th style="width: 30%;">Mobile Number</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>2.</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>3.</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>4.</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>		Priority	Contact Name	Tel. Number	Mobile Number	1.	2.	3.	4.
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3.																		
4.																		

<p>Authorised signature:</p> <p>Name</p> <p>Signature</p> <p>Date</p> <p>Contact Tel</p> <p>Monitoring Commencement Date.....</p> <p>Additional Information:</p>	<p>Installation Company:</p> <p>Company Name:.....</p> <p>Contact.....</p> <p>Address:.....</p> <p>.....</p> <p>Tel:.....</p> <p>Fax:</p> <p>Email.....</p>
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To be completed by Visual Verification:	
<p>Visual Chip Number:</p> <p>Date commissioned: Time:</p> <p>Sign & Print Name:</p>	<p>Contract Number:</p> <p>Contract issued on:</p> <p>Sign & Print Name:</p>

For completion, if your Customer has a notable medical history, we can pass this on to the Ambulance Service in the event of receiving a confirmed Medical Alarm.

To be completed by the Resident	
Medical Condition(s): e.g. Asthma, Heart Condition etc	
Medication:	
Heart Medication <input type="checkbox"/> Insulin <input type="checkbox"/> Inhalers <input type="checkbox"/> Oxygen <input type="checkbox"/> Warfarin <input type="checkbox"/>	
Aspirin <input type="checkbox"/> GTN Spray <input type="checkbox"/> Morphine <input type="checkbox"/> Other (Please specify below) <input type="checkbox"/>	
Location of Medication:	
Doctors Surgery:	
GP's Name:	
Address	
Address	
City/Town	Postcode:
☎ Daytime:	
☎ Out of Hours:	
Monitoring Commencement Date:	

In order for the Visual Verification Ltd to carry out all its functions, relevant data may be disclosed, as deemed necessary, to emergency services responding to an alert from your property or to any of the Respondents who have been authorised above.

You must advise us in writing if there is any change in your circumstances.

- I hereby declare that I have included any material fact in this document which would affect any response initiated by Visual Verification on receipt of an alert from my premises.
- I consent to Visual Verification disclosing medical/personal data to the emergency services or to persons authorised above in the event of an emergency alert from my system.
- I declare that all statements and information provided in the application are to the best of my knowledge and belief true and complete.

Resident Name:		Signature:	
Date:			

Please note that telephone calls may be monitored and recorded to help staff training, customer service and for security purposes.