



CONTRACT DATE

01/04/12

CUSTOMER ACCOUNT NO

19733260

JOB NO

LEAD SOURCE

Section 1. Customer Info

ADT Security Services, Inc. ("ADT") Office Address

18 Clinton Dr
Hollis, NH
03049

Customer Name ("Customer" or "I" or "me" or "my")

Suzanne Ian

Hamlin Kahn

Address

99 Pine St

City

Portland

State

ME

ZIP

04102

Tax Exempt No.



Protected Premises' Telephone

2077730509

Tax Expire Date

00/00/00

Traditional Phone Other (Qualified) Other (Non-Qualified)

www.MyADT.com
1.800.ADT.ASAP®
(1.800.238.2727)

Alternate Telephone 1

2073291469

Home Cell Work

Alternate Telephone 2

2073187589

Home Cell Work

EMAIL

suzanne@luxmontis.com

IF FAMILIARIZATION PERIOD IS REJECTED INITIAL HERE (see Paragraph 14 of the Terms and Conditions for explanation)

Communications Authorization: I authorize ADT to provide me with information and updates about the security system and new ADT and third-party products and services to the contact information provided by me. I may unsubscribe or opt out by emailing donotcontact@ADT.com or by calling 888.DNC4ADT (888.362.4238). Initial here SA

Confirmation of Appointments: I authorize ADT to call me using an automated calling device to deliver a pre-recorded message to set/confirm appointments and provide other information and notices about the alarm system at the telephone number(s) provided by me. Initial here SA

Alarm System Ownership: Customer-Owned ADT-Owned

I ACKNOWLEDGE AND AGREE TO EACH OF THE FOLLOWING: (A) THIS CONTRACT CONSISTS OF SIX (6) PAGES. BEFORE SIGNING THIS CONTRACT, I HAVE READ, UNDERSTAND AND AGREE TO EACH AND EVERY TERM OF THIS CONTRACT, INCLUDING BUT NOT LIMITED TO PARAGRAPHS 5 AND 18 OF THE TERMS AND CONDITIONS. (B) THE INITIAL TERM OF THIS CONTRACT IS THREE (3) YEARS. (C) ADT IS NOT A SECURITY CONSULTANT AND CANNOT ADDRESS ALL OF MY POTENTIAL SECURITY NEEDS. ADT HAS EXPLAINED TO ME THE FULL RANGE OF EQUIPMENT AND SERVICES THAT ADT CAN PROVIDE ME. ADDITIONAL EQUIPMENT AND SERVICES OVER THOSE IDENTIFIED IN THIS CONTRACT ARE AVAILABLE AND MAY BE PURCHASED FROM ADT AT AN ADDITIONAL COST TO ME. I HAVE SELECTED AND PURCHASED ONLY THE EQUIPMENT AND SERVICES IDENTIFIED IN THIS CONTRACT. (D) NO ALARM SYSTEM CAN PROVIDE COMPLETE PROTECTION OR GUARANTEE PREVENTION OF LOSS OR INJURY. FIRES, FLOODS, BURGLARIES, ROBBERIES, MEDICAL PROBLEMS AND OTHER INCIDENTS ARE UNPREDICTABLE AND CANNOT ALWAYS BE DETECTED OR PREVENTED BY AN ALARM SYSTEM. HUMAN ERROR IS ALWAYS POSSIBLE, AND THE RESPONSE TIME OF POLICE, FIRE AND MEDICAL EMERGENCY PERSONNEL IS OUTSIDE THE CONTROL OF ADT. ADT MAY NOT RECEIVE ALARM SIGNALS IF COMMUNICATIONS OR POWER IS INTERRUPTED FOR ANY REASON. (E) ADT RECOMMENDS THAT I MANUALLY TEST THE ALARM SYSTEM MONTHLY AND ANY TIME I CHANGE TELEPHONE SERVICE, BY CALLING 1.800.ADT.ASAP OR BY LOGGING IN TO WWW.MYADT.COM. (F) THIS CONTRACT REQUIRES FINAL APPROVAL BY AN ADT AUTHORIZED MANAGER BEFORE ADT MAY PROVIDE ANY EQUIPMENT OR SERVICES, AND IF APPROVAL IS DENIED, THEN THIS CONTRACT WILL BE TERMINATED, AND ADT'S ONLY OBLIGATION WILL BE TO NOTIFY ME OF SUCH TERMINATION AND REFUND ANY AMOUNTS I PAID IN ADVANCE.

ADT Representative Name

Jamie Doucette for ADT

Rep. License No. (If Required)

Rep. ID No.

6#V

Customer's Approval: Original Signature Required (Must match Customer Name in Section 1 above)

X Suzanne Hamlin

01/04/12

NOTICE OF CANCELLATION

I, THE CUSTOMER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT. I ACKNOWLEDGE BEING VERBALLY INFORMED OF MY RIGHT TO CANCEL AT THE TIME OF EXECUTION OF THIS CONTRACT AND RECEIPT OF THIS NOTICE.

Section 2. Services to be Provided

FINANCIAL DISCLOSURE STATEMENT

THERE IS NO FINANCE CHARGE OR COST OF CREDIT (0% APR) ASSOCIATED WITH THIS CONTRACT.



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Section 2. Services to be Provided (continued)

Table with columns: Monthly Service Charge, Initial/Annual Recurring Municipal Fee billed separately, Initial/Annual Fee. Rows include Standard Monthly Service, Burglary; Standard Monthly Service, Fire/Smoke Detection; Carbon Monoxide; Medical Alert; Safewatch Cellguard; SecurityLink; Extended Limited Warranty/Quality Service Plan (QSP); Guard Response Service; Other; Total Monthly Service Charge.

*If applicable sales tax not shown, it will be added to the first invoice.

Section 3. Equipment to be Installed

Control Panel SWAC. Headers: Touchpad(s), Door Sensor(s), Window Sensor(s), Motion Detector(s), Glass Break Detector(s), Heat/Smoke Detector(s), Carbon Monoxide Detector(s), Safewatch Cellguard Model, CCTV Camera, ADT Pulse SM Lighting Control, ADT Pulse SM Thermostat Control, ADT Pulse SM Appliance Module, ADT Pulse SM Video, Price Per Piece, Comments.

Table for equipment installation locations. Rows: Package Name: Pulse Select, Includes, Foyer, Living Room, Family Room, Office, Dining Room, Kitchen, Laundry Room, Hallway, Master Bedroom, Master Bath, Bedroom 2, Bedroom 3, Bath 2, Basement, Garage. Columns correspond to the equipment types listed in the header above.



RESIDENTIAL SERVICES CONTRACT



5104UE12

CONTRACT DATE 01/05/12

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Section 4. Billing

 Check received for: Installation: Check # [] Amount \$ [] Annual Service Charges Collected: Check # [] Amount \$ []I authorize ADT: To withdraw all Service Charges from my bank account: Annually Semi-Annually Quarterly Monthly
Choose one: Checking Savings

Name of Bank/Credit Union [REDACTED]

ABA Routing Number [REDACTED]

Bank Account Number [REDACTED]

Recurring Service Charge Amount \$ []

Name as it appears on bank account [REDACTED]

I authorize ADT to debit my bank account for the amount of all Recurring Service Charges indicated above. I may revoke this authorization only by notifying ADT and my bank in writing at least 10 business days before the scheduled debit. If no oval is filled above, service charges will be withdrawn monthly.

 To charge my credit/debit card for: Installation 3 monthly credit/debit card payments of equal amounts (available only for telephone orders with an installation price over \$400 or field sales with an installation price over \$1,500) All/Recurring Service Charges Annually Semi-Annually Quarterly Monthly
 VISA MasterCard Discover AMEX

Credit/Debit Card Number [REDACTED] 4686

Expiration Date

[REDACTED] M M Y Y

Recurring Service Charge Amount \$ [] 43.20

Cardholder's Name [REDACTED]

If I am using a debit card, I authorize ADT to debit my bank account for the amount of all Recurring Service Charges indicated above. I may revoke this authorization only by notifying ADT and my bank in writing at least 10 business days before the scheduled debit. If no oval is filled above, my credit/debit card will be charged monthly.

I authorize ADT to withdraw the amounts in this section from my bank account or credit card through an Automated Clearing House ("ACH"). These payments are for the equipment and services described in this Contract. This authorization will remain in effect until the termination date of this Contract or until I cancel it in writing, whichever occurs first. I also agree to notify ADT in writing of any changes in my account information at least 15 days prior to the next billing date. If a payment date falls on a weekend or holiday, payment may be executed on the next business day. Because this is an electronic transaction, these funds may be withdrawn from my account each month as early as the transaction date. If the date or amount of the withdrawal changes, ADT will notify me at least 10 days prior to the payment being collected. If an ACH transaction is rejected for non-sufficient funds (NSF), ADT may attempt to process the charge again within 30 days, and an NSF charge may apply. The origination of ACH transactions to my account must comply with the provisions of U.S. law. I am an authorized user of this credit card or bank account, and I will not dispute the payment with my credit card company or bank, so long as the amount corresponds to the terms indicated in this Contract.

 To send me a bill: Annually Semi-Annually Quarterly Other _____ DOA Approval _____ If no oval is filled, ADT will send bill quarterly.

Authorized Account Signature: [Signature]

Section 5. Customer and System Data

Name Suzanne Hamilton Ten Kahn CS # []

Address 99 Pine St []

City Portland State ME ZIP 04102 Cross St. []

Premises' Phone #1 2077730504 Phone #2 2073291469 Cell Only

Municipality Police Name Portland Municipality Fire Name Portland PD

Municipality Medical Number [] Patrol Name & Number []

Job Type New Sale Change Over Upgrade Control Type HW RF

Affiliation _____ Member # _____ Permit Number []

Burglar Alarm: Yes No Fire / Smoke: Yes No Two-Way Voice: Yes No Cellular Model: GSMVLPADT Parallel Standard

Profile Codes: Ownership 20 System 00 Service 8 Preferred Monitoring Services 15 Communication Method 22 Account Management Services 10

ELW/QSP 19 Guard Service 110 Market Group 40 Resale-Former Acct # _____ Former CS # _____

Section 6. Password

Books

This password must be issued to all users of the alarm system, including all people listed in Section 7. An optional, secondary password for service individuals, housekeepers, tenants, etc. is available upon request. A password must be no less than three (3) and no more than five (5) characters in length.