

Customer Appreciation Program



Sales Excellence Training Program

CONTINUOUS SATISFACTION

Survey

PHONE: CTTY:	CUSTOMER NAME:	ADDRESS:	
SYSTEM TYPE AND INSTALLATION DATE MCU Type: Date Installed: SECURITY SERVICE SATISFACTION Have you had any recent service issues? I Yes If yes, are those issues now corrected? Yes Have you had any false alarms? Yes If yes, do you know what caused them? Yes If yes, is that corrected now? Yes Do you know what to do if your alarm goes off? Yes May I review the calling procedures with you? Yes Do you have our local branch phone number? Yes May I place a business card on your panel with our branch number? Yes	PHONE:		
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	Do you have our local branch phone number?		□ Yes □ No □ N/A
May L replace your vard signs and decals with fresh new ones? \Box Vec \Box No \Box N/A	May I place a business card on your panel with our branch	number?	□ Yes □ No □ N/A
	May I replace your yard signs and decals with fresh new on	es?	□ Yes □ No □ N/A
May I update your call list names to ensure we have the correct information?	May I update your call list names to ensure we have the cor	rect information?	□ Yes □ No □ N/A
Have you replaced the batteries in your smoke detectors in the last 6 months?	Have you replaced the batteries in your smoke detectors in	the last 6 months?	□ Yes □ No □ N/A
Have you tested your system within the last month?	Have you tested your system within the last month?		□ Yes □ No □ N/A
Are you getting the maximum discounts from your insurance company?	Are you getting the maximum discounts from your insurance	ce company?	□ Yes □ No □ N/A
May I complete an alarm certificate for your carrier to ensure you are?	May I complete an alarm certificate for your carrier to ensu	re you are?	□ Yes □ No □ N/A
On a scale of 1 (worst) to 10 (best), how would you rate us?	On a scale of 1 (worst) to 10 (best), how would you rate us?)	

How can we get that to a 10?

CUSTOMER CARE VISIT

□ System Test □ System Education □ Yard Signs □ Decals □ Security Review □ Fire Review Customer Needs:

TECHNOLOGY UPDATE

□ Automation	🗆 Video	□ Fire Safety	🗆 Cellular	🗆 Wi-Fi	Doorbell	□ Other:
Suggested Products & Services:						

EMERGENCY CA	LL LIST					
Friends						
Name		Phone #		Fin	alist	
1.						
2.				С	all	
3.			1	2	3	4
Family						
Name		Phone #		Fin	alist	
1.						
2.				С	all	
3.			1	2	3	4
Co-Workers						
Name		Phone #		Fin	alist	
1.						
2.				С	all	
3.			1	2	3	4
Neighbors						
Name		Phone #		Fin	alist	
1.						
2.				С	all	
3.			1	2	3	4
REFERRALS						
	erral Program Explained					
Name:	Phone:	Address:	E-I	mail:		
	NT (ENSURE GETTING MAXIMUM DISCOUNT)				
Name:	Phone:	Address:	Nc	otes:		

SECURITY DESIGN

K = Keypad	D = Door contact	C = Control panel	W = Window contact	G = Glass break
K = Keypad S = Sounders	D = Door contact M = Motion detector	C = Control panel F = Smoke detecto		G = Glass break HS = Horn Strobe
S = Sounders	M = Motion detector	F = Smoke detecto	r H = Heat detector	HS = Horn Strobe
S = Sounders P = Pull station	M = Motion detector CA = Camera	F = Smoke detecto MO - Monitor	r H = Heat detector NVR = NVR	HS = Horn Strobe Z = Z-Wave® device
S = Sounders P = Pull station AD = Access Door	M = Motion detector CA = Camera	F = Smoke detecto MO - Monitor	r H = Heat detector NVR = NVR DC = DualCom™	HS = Horn Strobe Z = Z-Wave® device CE = Critical Equipment
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Comments or special instructions:

	Security Consultant	Phone Number	Accepted By	Date			
Residential	Residential PRICES GOOD FOR 30 DAYS						

