



Safe & Secure Tracking & Technologies

Regular
KC
Other

Client Vehicle Tracking Registration

1. Name(s) for registration: _____

2. Contact if different from above: _____

3. Address for registration: _____

4. Telephone #'s: (w)_____ (h)_____ (c)_____ (fax)_____

5. Address(es): _____

6. Company Name: _____

7. Company Address: _____

8. Vehicle Details: Model:_____ Year:_____ Reg. #:_____ Colour_____

9. Chassis #: _____

10. Emergency Contact #: _____ Name: _____

11. Email: _____

12. The Selected Services:

(a) Fleet Management Services (b) Personal Vehicle Tracking (c) Panic Button

(c) Remote Vehicle Shutdown (d) Personal Response (e) Security Response

Signature: _____

Date: _____

For Official Use:

SALES ASST: _____

INSTALLER: _____

COMPUTER TECH: _____

ACCOUNT #: _____

SIM CARD #: _____

USER ID: _____

PHONE #: _____

PASSWORD: _____

IMEI: _____

LOCATION: _____

CARRIER _____

EQUIPMENT: _____

AUTHORIZED SIG. _____