LifeFone Order Form

YES! Sign me up for LifeFone's 24-Hour Protection!

Please fill out and return this form to activate your LifeFone subscription. Fax this form to: 1-800-747-2032, or mail it to 16 Yellowstone Avenue, White Plains, NY 10607, or scan and email it to info@lifefone.com, or you can order LifeFone online at: www.lifefone.com/order-now.html Call 1-800-882-2280 24 hours a day with any questions.

1 SUBSCRIBER INFORMATION

First Name:

Last Name:

Street Address:

Unit/Apartment Number:

City: , State: Zip:

Mailing Address if Different:

Email Address:

Home Phone: ( )

Phone #2: ☐ Days ☐ Eve. ☐ Cell ( )

Date of Birth:

2 BILLING INFORMATION

☐ **Same as Subscriber Information (skip to number 3)**

First Name:

Last Name:

Mailing Address:

City: , State: Zip:

Email Address:

Phone #1: ☐ Days ☐ Eve. ☐ Cell ( )

Phone #2: ☐ Days ☐ Eve. ☐ Cell ( )

Relationship to Subscriber:

3 PRICING INFORMATION

Choose Style for Personal Help Button:

☐ Pendant on Necklace ☐ Wristband

Choose Your LifeFone Payment Terms:

Best Deal! ☐ $24.95 per Month Billed Annually

☐ $27.95 per Month Billed Quarterly

☐ $29.95 per Month Billed Monthly

Optional LifeFone Accessories: *(One-time charge)*

☐ Extra Personal Help Button $39.95

Choose Style:

☐ Pendant

☐ Wristband

☐ Wall Mounted Help Button $39.95

☐ Medi-Lok Key Lock Box $29.95

Choose Your Shipping Option:

Ground ☐ $11.95 2-Day ☐ $28.95

3-Day ☐ $21.95 Overnight ☐ $49.95

4 PAYMENT (choose Credit Card or Direct Debit)

☐ Credit Card

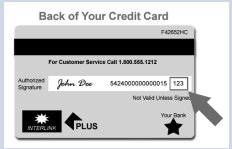
☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Credit Card Number:

CVN#:

4 numbers on front of American Express

3 numbers on back of other credit cards



Expiration Date: /

Name as it appears on card:

Account Holder Signature:

Date

☐ Direct Debit from Checking Account

Print Bank Name:

Print Bank Routing Number:

Print Checking Account Number:

Account Holder Signature:

Date