

## HAZARD TESTING

- Did you know that Fire Extinguishers and Fire Hoses are required to be tested annually?
- Did you know that we can service your extinguishers and fire hoses onsite?
- Did you know that your Fire Extinguishers must be serviced every 6 years?

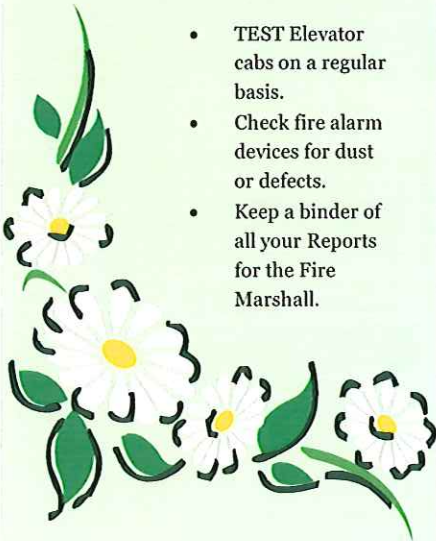
Classic Protection Systems has added Extinguisher, Hood System and Fire Hose testing and installation to our services that we offer your commercial business. Call us today to provide a free quote for your services needed today - 713-468-3573.

## WE OFFER SPRINKLER SERVICES

We can perform your life safety testing with ONE phone call. ONE STOP SHOPPING with Classic. Call today for a quote or schedule all your testing needs.

### **MARCH 2017**

- TEST Elevator cabs on a regular basis.
- Check fire alarm devices for dust or defects.
- Keep a binder of all your Reports for the Fire Marshall.



Avoid increases in your 2017 monitoring costs. Please contact Classic today to sign up for Credit Card payments or ACH transactions. Complete the back side for signing up today and email pros@classicprotectionssys.com or fax back to our office today ~ Fax 713-468-3721. All delinquent accounts will be moved to this type of payment. Thanks for your business!

**SEE REVERSE SIDE FOR PROVIDING YOUR CREDIT CARD OR ACCOUNT PAYMENT OPTIONS**

# Classic Protection Systems, Inc.

## ***WIRELESS COMMUNICATORS ARE HERE!***

Wireless communication from your buildings fire panel has arrived. Here's a cost effective unit that can save money in the long run. These units do not require telephone lines; it is UL listed and works with most fire alarm panels. For minimum upfront costs, the unit pays for itself within 12 months, compared to the normal cost of operating (2) phone lines for your fire alarm panel. At Classic we do not recommend Cellular communicators. The cellular signals gets upgraded every couple of years (2G, 3G, etc.) plus the cell towers prioritize cell phone traffic over other signals, making the cellular communicator show communicator failures. **Call or Email our office today for a quote on changing to AES Radio communication!**

## **MAG LOCK TESTING**

*City of Houston and its LSB standard says to follow NFPA72. They want electronic locks tested semi-annually (2 times per year). NFPA72 states that fire alarm panels and devices should be tested annually 100%. In addition it also states that all fire alarm devices (smoke detectors, pull stations, etc.) need to have a visual inspection every (6) months. For the visual testing you have to walk every tenant space and all common areas to verify all devices are not missing, cracked, painted or loose; we must activate the fire alarm system to verify door release, and a full report has to be generated. Then followed (6) months later with the Annual testing, verifying all devices are not missing, cracked, etc., setting off the systems and walking all the spaces. So we suggest just do (2) 100% per year because it's about the same amount of work. If you just want to do a visual on the 6<sup>th</sup> month trip, with a mag lock inspection, our price can be reduced a little bit, but I think we are doing a lot more than mag lock sticker verification and trying to keep you code compliant. Call today for code explanation, code references or to schedule your testing with Classic.*

**SERVICE CALLS** for monitored systems. If you have Central Station calling about a "Runaway" condition on your fire alarm panel, be aware that by NFPA code we are required to correct the situation within 4 hrs. This type of condition will tie up the Central Station lines and could possibly block an emergency situation from being handled. Please feel free to call Classic regarding your service call questions on handling these types of situations, or any of your service needs.

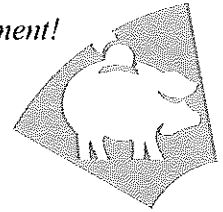
### **MONITORING UPDATES**

To all our customers we thank you for updating your After Hours contacts on a periodic basis. Remember if you change Management Companies, Employees, phone numbers, etc. please contact our office and change the information we have on file. Otherwise, the wrong person may be contacted in liability situations. Contact Bruce or Terri direct for your account updates 713-468-3573.

In order to avoid future price increases for monitoring services, we will require immediate payment with VISA/Mastercard or ACH.

*If acceptable, complete below and fax back to 713-648-3721 for prompt payment!*

Thank you for your continued business.



# Classic Protection Systems, Inc.

## ACH Form

Authorization Agreement Direct Payments

Fax to our Confidential office # 713-941-6920.

Check one of the following: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change		Effective Date: <input type="checkbox"/> As Soon As Possible	Date ____/____/____
Company Name		Phone Number:	
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)			
Transit Routing Number (Must be 9 numbers)			Account Number
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
I (we) hereby authorize Classic Protection Systems, Inc. to debit entries to my (our) account indicated below and the Financial Institution named below to debit same to such account. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law.			
Date (Mo/Day/Yr)	Authorized Signature		Authorized Individuals Name
Business Address:	Street	City	State      Zip Code

**PLEASE ATTACH A VOIDED CHECK (OR A COPY) TO THIS FORM**

### Authorization Agreement Credit Card Payment

Or take advantage of setting automatic payments with your credit card. Please complete and return to fax # 713-468-3721 or email to: [pros@classicprotectionsys.com](mailto:pros@classicprotectionsys.com). At this time, American Express is not accepted. Maximum chgs. of \$2,500.00 or additional transaction fees will be incurred.

<b>To pay by credit card we will need:</b>	PO# _____
Card Type: VISA <input type="checkbox"/> MC <input type="checkbox"/>	Card Number: _____
Expiration Date: _____	3-4 digits off back or front of card: _____
Name: _____	
Address # bill mailed to: _____	
Zip Code Bill mailed to: _____	
<i>(Above address should match credit card mailing address to complete transaction.)</i>	

I (we) hereby authorize Classic Protection Systems, Inc. to charge my (our) credit card account indicated above. I acknowledge the origination of credit card transactions to my account must comply with the provisions of U.S. law.

Date  
(Mo/Day/Yr)

Authorized Signature

Authorized Individuals Name (Print)

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