

# Neal & Associates, Inc

P.O. Box 680, Montcalm, WV 24737  
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## New Account Information

Today's Date	____/____/____	(please print legibly)
Name of Business	_____	
Billing Address	_____ _____	
Telephone	____/____/____	Fax ____/____/____
Primary Contact	_____	
E-mail	_____	
Start Date	____/____/____	End Date: ____/____/____
Type of Business	_____	
AP contact	_____	
AP phone	____/____/____	Fax ____/____/____
Job site contact	_____	
Job site phone	____/____/____	
Type of Service	Mobile or Static (circle one) Auto or Foot Patrol (circle only if Mobile) Armed or Unarmed (circle one)	
Guard Shack/Station on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Guard access to a restroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Guard access to a telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No (for emergency's only)	
Sales Tax Exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, copy must be sent to us)	
Mine Permit #	_____	(coal mines only)
Name of Mine Site	_____	(coal mines only)

## Work Schedule

24/7 coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, complete daily schedule below)		
<b>Day</b>	<b>Time On</b>	<b>Time Off</b>
Mon.	____:____ AM / PM	____:____ AM / PM
Tue.	____:____ AM / PM	____:____ AM / PM
Wed.	____:____ AM / PM	____:____ AM / PM
Thu.	____:____ AM / PM	____:____ AM / PM
Fri.	____:____ AM / PM	____:____ AM / PM
Sat.	____:____ AM / PM	____:____ AM / PM
Sun.	____:____ AM / PM	____:____ AM / PM
Total Weekly Hours? _____ (if not 24/7 coverage)		

Guard Duties: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name of person completing form: \_\_\_\_\_