



Mercedes-Benz

# TELE AID



416 HO TELE AID  
(FrechW) 07-23-04

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To help avoid personal injury to you or others, and to avoid damage to the vehicle on which you are working, you must always refer to the latest Mercedes-Benz Technical Publication and follow all pertinent instructions when testing, diagnosing or making repair. Illustrations and descriptions in this training reference are based on preliminary information and may not correspond to the final US version vehicles. Refer to the official introduction manual and WIS when available.

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# What is TELE AID?

- TELE AID is a safety, security and convenience services system
- Provides customers with an instant connection with a live person
- A free service for “new” vehicles for the first year if activated within 90 days of purchase
- The following buttons are offered:
  - Information button
  - Wrench button
  - SOS button
- Each of these buttons offer sub-services

# TELE AID Packages

- (Basic Package)
  - Analog service, free for the first year (\$240 each year after)
  - 30 minutes of airtime per year (acquaintance call part of free airtime)
  - Automatic Alarm Notification (AAN) (can opt out)
  - Stolen Vehicle Recovery
  - Roadside Assistance
  - Information calls
  - Concierge Services (in vehicle only)
  - Dealer Connect
  - Remote door unlock (RDU)
  - Emergency/SOS/Airbag response
- Tele Trek Package
  - additional (\$75 per year)
    - Real time traffic information (recording)
    - Unlimited route assistance (live operator)

# TELE AID Subscription

- Currently two methods to subscribe:
  - Fax form (same as yellow copy)
  - Carbon copy form (yellow copy)
  - Electronic Service Agreement (ESA)
- Pre-owned activation / deactivation
  - Fax form only
- Transfer of ownership
  - Fax form only

TELE AID SUBSCRIBER AGREEMENT FOR MERCEDES-BENZ VEHICLES														
ALL YELLOW SECTIONS BELOW MUST BE COMPLETED TO VALIDATE SUBSCRIPTION														
SUBSCRIBER INFORMATION (REQUIRED)					ADDITIONAL DRIVER INFORMATION (if applicable)									
Mr. Ms. Dr. Last Name	Mr. Ms. Dr. First Name	M.I.		PL	Mr. Ms. Dr. Last Name	Mr. Ms. Dr. First Name	M.I.		PL					
Company Name (if company vehicle)					Company Name (if company vehicle)									
Street Address (no P.O. box numbers)					Street Address (no P.O. box numbers)									
City State ZIP					City State ZIP									
Home Phone					Home Phone									
Work Phone					Work Phone									
Other Phone					Other Phone									
E-Mail Address					E-Mail Address									
Tele Aid Password (REQUIRED)					Tele Aid Password (REQUIRED)									
VEHICLE INFORMATION (REQUIRED)														
Vehicle Identification Number (VIN)														
Make	Model	Model Year	Vehicle Delivery Date	Vehicle Color										
Sales Type: Retail Purchase <input type="checkbox"/> Fleet Lease <input type="checkbox"/> PB Engl Lease 13-Mo <input type="checkbox"/> 24-Mo <input type="checkbox"/> 36-Mo <input type="checkbox"/> PB Engl Purchase <input type="checkbox"/> Dealer Demo <input type="checkbox"/> PB Private <input type="checkbox"/> PB Company Car <input type="checkbox"/>														
If this vehicle replaces another Tele Aid-equipped vehicle that was sold, traded, etc., indicate VIN of previous vehicle here:														
SERVICE PLAN (REQUIRED)					PAYMENT OPTIONS (REQUIRED - Select One)									
<b>NEW VEHICLES*</b> <b>BASIC PACKAGE</b> (Select One) Annual Billing Option** \$340 <input type="checkbox"/> Prepaid Options: Year 1 \$330 <input type="checkbox"/> Years 2,3 \$435 <input type="checkbox"/> Years 2,3,4 \$635 <input type="checkbox"/> 39 Months (Lease only) \$490 <input type="checkbox"/>					<b>PRE-OWNED VEHICLES</b> <b>BASIC PACKAGE</b> (Select One) Annual Billing Option** \$340 <input type="checkbox"/> Prepaid Options: Years 1,2 \$465 <input type="checkbox"/> Years 1,2,3 \$670 <input type="checkbox"/> Years 1,2,3,4 \$855 <input type="checkbox"/>					Type of Card: <input type="checkbox"/> AmEx (Preferred) <input type="checkbox"/> VS <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> OCB Credit Card Number Expiration (Month/Year) _____ Name as it appears on card: _____				
My signature below indicates my authorization to charge the credit card indicated. See reverse side for additional provisions.														