



# INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18<sup>th</sup> Avenue • Fairbanks, Alaska 99709

Phone (907) 456-3978 • Fax (907) 456-3970

## Credit Application

### A: Business Contact Information

Applicant's Name:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Drivers License Number:

Driver's License State:

SSN:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

I would like my account to be:

COD (skip section B & C)

charged to my credit card at the end of the month (see attached form) (skip section B & C)

net thirty (30) days (dependent on credit reference results-complete section B & C)

### B: Business and Credit Information

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings  Checking

### C: Business/trade references

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Accounts Payable

Accounts payable address:

City:

State:

ZIP Code:

Accounts payable contact name:

Telephone:

Fax:

E-mail:

Are purchase orders required?    YES            NO

Please list the name of persons authorized to charge on the account if purchase orders are not required.

1

2

3

I would like my statements emailed to me:            YES            NO

D: Agreement

1. All invoices are to be paid net thirty (30) days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. I agree to pay 10% per annum finance charge on amounts that extend past 30 days.
4. I agree to pay fees that may be applied to my account for repair or replacement of damaged equipment, lost equipment or missing items. These charges must be made within 15 business days of the rental return.
5. By submitting this application, you authorize Interior Region EMS Council, Inc. to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Signature:

Printed Name:

Date: