



# INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18<sup>th</sup> Avenue • Fairbanks, Alaska 99709  
 Phone (907) 456-3978 • Fax (907) 456-3970

Complete the appropriate section below:

| <b>Individual Cash on Delivery (COD) Account Application</b>   |                                |           |
|--|--------------------------------|-----------|
| Contact Information  |                                |           |
| Applicant's Name:  |                                |           |
| Phone:   | Cell:                          |           |
| Fax:   |                                |           |
| E-mail:  |                                |           |
| Mailing address:   |                                |           |
| City:  | State:                         | ZIP Code: |
| Drivers License Number:  | Driver's License State:        | DOB:      |
| Agreement  |                                |           |
| 1. Claims arising from invoices must be made within seven working days.<br><br>2. 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 by IREMSC within 30 business days of the rental return.<br><br>3. I agree to pay late fees of \$5.00 per day for each video rented, \$10.00 per day for each piece of equipment rented until the replacement cost of the item is reached.  |                                |           |
| Signatures   |                                |           |
| Signature:   |                                |           |
| Date:  |                                |           |
| <b>Business Cash on Delivery (COD) Account Application</b>   |                                |           |
| Contact Information  |                                |           |
| Name of Person Completing Form:  |                                |           |
| Company name   |                                |           |
| Company Phone:   | Company Fax:                   |           |
| Primary Company E-Mail:  |                                |           |
| Registered Company Address:  |                                |           |
| City:  | State:                         | ZIP Code: |
| Company/Organization Tax ID Number:  | Accounts Payable Contact Name: |           |
| Sole proprietorship: <input type="checkbox"/> LLC: <input type="checkbox"/> Partnership: <input type="checkbox"/> Corporation: <input type="checkbox"/> Government Agency <input type="checkbox"/> Other: <input type="checkbox"/>   |                                |           |
| Describe "Other":  |                                |           |
| Agreement  |                                |           |
| 1. Claims arising from invoices must be made within seven working days.<br><br>2. The company/organization agrees to pay fees that may be applied to our account for repair or replacement of damaged equipment, lost equipment or missing items. These charges must be made by IREMSC within 30 business days of the rental return.<br><br>3. The company/organization agrees to pay late fees of \$5.00 per day for each video rented, \$10.00 per day for each piece of equipment rented until the replacement cost of the item is reached. |                                |           |
| Signatures   |                                |           |
| Signature:   |                                |           |
| Date:  |                                |           |