



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18th Avenue • Fairbanks, Alaska 99709

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

Business/Instructor/Rental COD Account Application

Contact Information

Applicant's Name:

Company name (if applicable):

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Drivers License Number:

Driver's License State:

DOB:

Agreement

1. Claims arising from invoices must be made within seven working days.
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 within 15 business days of the rental return.
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:

Printed Name:

Date: