



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18th Avenue • Fairbanks, Alaska 99709

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

Instructor/Rental Cash on Delivery (COD) Account Application

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.
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.
3. I agree to comply with the late fee policy applicable to rented items, as outlined by the current terms and conditions. Late fees will be incurred for overdue videos and equipment rentals, with the specific amounts subject to change based on the most recent policy updates.

Signatures

Signature:

Printed Name:

Date: