



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

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

CREDIT APPLICATION

(CONFIDENTIAL)
APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE (Work): _____

PHONE: (Home): _____ FAX: _____ EMAIL: _____

BUSINESS INFORMATION:

TYPE: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION INSTRUCTOR

BUSINESS NAME: _____

ADDRESS: _____

Please list the name, title, and phone number of persons authorized to charge.

Contact for purchase orders and invoices (include title, address & phone number).

BANK REFERENCE:

| | | | | |
|---|------------------|----------|--------|------------|
| 1 | Bank: | Address: | Fax: | Telephone: |
| | Type of Account: | Contact: | Title: | |

BUSINESS REFERENCES:

| | | | | |
|---|-----------|----------|--------|------------|
| 1 | Company: | Address: | Fax: | Telephone: |
| | Business: | Contact: | Title: | |
| 2 | Company: | Address: | Fax: | Telephone: |
| | Business: | Contact: | Title: | |

I understand that if my account is net thirty (30) days past due I agree to pay 10% per annum finance charge on amounts that extend past 30 days. I also understand that I have a monthly credit limit of \$_____.

Signature

Date:

Tax ID Number or Social Security Number