

# Set Up an Account



## Client Information

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Registered Business Name:	
Operating As (if applicable):	
Company Registration #:	Number of Employees:
Phone #:	Fax#:
Address:	

## Billing Information

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Billing Address: (If Different from business address)	
Accounts Contact Name:	
Phone #:	Email:
Human Resources Contact Name:	
Phone#:	

## Business References

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Name of Reference :	
Company:	
Position:	Phone#:
Address:	

Name of Reference :	
Company:	
Position:	Phone#:
Address:	

Terms and Conditions:

1. All patient information is protected by doctor/ patient confidentiality and as such will not be made accessible to the client unless written consent is given by the patient/employee to FMH Emergency Medical Clinic to release said information.
2. In order to facilitate quick and efficient service, as well as for billing purposes, each patient must be accompanied by an official letter of authorization/authorization of treatment form.
3. The client agrees to provide us with the names and signatures of those persons in authority ahead of time, so that these maybe verified on the patient's arrival.
4. The client agrees to make payments within 30 days of issue of this invoice, failure to do so will incur a 2% per month interest charge and 18% per annum on overdue accounts, compounded daily and calculated from the due date of the invoice. The client expressly agrees that it shall be liable and pay all attorney's fees, collection costs and court fees, and any other expenses, whether or not incurred in connection with litigation, including but not limited to attorneys' fees and costs associated with the enforcement of any of the terms of this Application and attorneys' fees and costs resulting from a default under this Application.
5. The client shall notify FMH Emergency Medical Clinic immediately of any change of postal or email address, and failing such notification any notice to the client is effectively sent by post or email to Customer's last known address.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_