

# PARTICIPATION FORM

## NCEMSC/Bound Tree Medical Medical Supply Pricing Agreement

By authorizing this Participation Form, said customer listed below acknowledges that they are an active member of the North Central EMS Cooperative (NCEMSC) and would like to participate in the pricing agreement established with the NCEMSC and Bound Tree Medical. At which time the below listed agency becomes inactive from NCEMSC, the Cooperative pricing will no longer be available.

**Account Name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Phone #2:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_

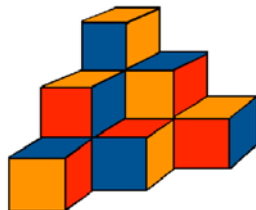
**Signature:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Account Manager:** \_\_\_\_\_

**On behalf of NCEMSC and Bound Tree Medical, we thank you in advance for your business. In addition, we look forward to meeting all your medical equipment and supply needs.**

Please FAX this document to Cathy Taynor at (877) 311-2437



**NCEMSC**

*A Cooperative built with you!*