

Interpreting Network of the Eastern Shore

An independent program of

FEIN # 52-1274712



Agreement to Pay For Interpreting Services Provided

Please complete and return by fax to 410-543-4874.

The signature below indicates that _____
(name and title of authorized individual)

of _____, has reviewed and will follow the billing
(company/organization)

policies and rate structure of Deaf Independent Living Association, Inc. (DILA) and agrees to submit payment for services rendered within 15 days of invoice receipt.

Deaf Independent Living Association, Inc. (DILA) is hereby authorized to accept requests for interpreting services placed by any staff member of and for this facility. Exceptions or restrictions to this statement are clarified below:

Signature of Authorized Agent

Date Signed

Name of Facility

Complete Billing Address

Billing Contact Number

Billing Email Address