

INDUSTRIAL SAFETY TRAINING COUNCIL CLIENT INFORMATION PACKET

All information must be provided before the application will be processed. This information will be used for the sole purpose of maintaining a client database and will not be shared.

(Client ID #:				
Company Information					
Full Company Name (no acronyms):					
Physical Office/Street Address:					
City:	State:	Zip:			
Office Phone:	Office Fax:				
Company Contact / Training Regist	ration Administrator				
First Name:	Last Name:				
Title: E	Email Address:				
Phone:	Fax:				
Billing Contact					
First Name:	Last Name:				
Title: E	_ Email Address:				
Billing Address:					
City:	State:	Zip:			

Subscriber: \$300.00 Annual fee. ISTC Subscriber client benefits include scheduling courses, a reduction in class cost, 30-day net billing, option to change payment type to COD to allow student to pay at time of training, and access to setup a background account with all pre-selected ISTC background vendors.

If at any time the account becomes delinquent, the client understands that they will forfeit all subscriber rights and privileges until the account is made current.

ISTC Office: Email packet to backgrounds@istc.net



INDUSTRIAL SAFETY TRAINING COUNCIL CREDIT CARD AUTHORIZATION FORM

Please print all information clearly.

Date:	Client ID:				
Your Name:					
Company:					
Address:					
City, State, Zip:					
Phone Number:					
Credit Card Type VISA	MC	AMEX	DISC		
Credit Card Account #: Expiratio		Expiration	Date:		
Total Amount: \$ *If you choose to leave the total blank, you of the invoice(s) and/or all training for parts	ou authorize ISTC			on given on this forr	n to pay for the amount
Participant Name/Invoice	<u>• #</u>	<u>C</u>	ourse(s)		<u>Date</u>
Mail receipt to above addre	ss:				
Email receipt to:					
Fax receipt to:					

By signing below, you authorize ISTC to use the above credit card to pay for training/invoices listed. If any price discrepancies occur, your company will be notified by phone the same day of the transaction and a new form will need to be sent. ISTC will not hold a Credit Card Authorization form once payment is made.

Authorized Signature: ____

(This form will not be processed without a signature)



INDUSTRIAL SAFETY TRAINING COUNCIL ELECTRONIC BILLING QUESTIONNAIRE

All invoices are posted to the ISTC Account Central Portal which will allow you to view, print, and pay invoices online. Invoices are posted daily for your convenience. Once an invoice is posted, the email address provided below will receive notification stating that there is an invoice available to view. It is your company's responsibility to check your invoice status regularly so that your account remains current. Failure to provide necessary information may result in your company's account status being affected.

New	Change	Add			
Company Name:					
Client ID#:					
Billing Address:					
City, State, Zip:					
Phone:	Fax:				
Accounts Payable Contact Name	:				
Accounts Payable Phone:	Fax:				
An email notification will be sent to the email address listed below. ISTC recommends that a generic email address be used as this will be the only communication you receive notifying you that an invoice is ready for viewing/printing/paying from the ISTC Account Central Portal. It is your company's responsibility to update ISTC of any email changes.					
Email Address:					
Authorized Signature:					
ISTC Office Use Only					
Date Received:	Date Veri	fied:			
Verified by:					