

INDUSTRIAL SAFETY TRAINING COUNCIL SUBSCRIBER APPLICATION

*The undersigned company wishes to become a subscriber of the Industrial Safety Training Council-Nederland and the ISTC Baytown Training Center.*

*We understand by becoming a subscriber we are entitled to net thirty (30) billing days, subscriber rates on all classes offered by ISTC, access to on-line scheduling, student histories and a subscription to a bi-monthly newsletter keeping us informed of all the latest changes in the industry. If at any time our account becomes delinquent, we understand we forfeit all subscriber rights and privileges until the account is made current.*

- **ALL FIELDS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE PROCESSED**

PLEASE PRINT ALL INFORMATION

DATE: \_\_\_\_\_ CLIENT I.D. NUMBER: \_\_\_\_\_

FULL COMPANY NAME:(No Acronyms)\_\_\_\_\_

OFFICE/STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_

**COMPANY CONTACT NAME & TITLE:**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

**BILLING CONTACT:**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

**BILLING ADDRESS :**

Street Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

INDUSTRIAL SAFETY TRAINING COUNCIL SUBSCRIBER APPLICATION

**SAFETY / HEALTH & ENVIRONMENTAL CONTACT:**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SERVICE YOUR COMPANY WILL BE PROVIDING TO LOCAL INDUSTRY.**

\_\_\_\_\_  
\_\_\_\_\_

**Check One:**

\_\_\_\_\_ **General Contractor** – A contractor who engages in more than one discipline of work.  
\$250.00 Annual Fee

\_\_\_\_\_ **Specialty Contractor** – Special trade contractor may work on sub-contract from general Contractor, performing only part of the work, primarily one discipline, covered by the General contract, or they may work directly for the owner. \$150.00 Annual Fee

\_\_\_\_\_ **Vendor** – Any person, firm or corporation engaged in any work related to the Construction industry who *furnishes material, but no labor*, to the construction site.  
\$50.00 Annual Fee

**SIC Code(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* This application is valid for the company listed above and does not include any sub-contractors, which the company may employ.

\*\* This application must accompany payment prior to account being established. This application will be submitted to the Industrial Safety Training Councils' Board of Directors for final approval.

\_\_\_\_\_ **Office Use Only** \_\_\_\_\_

Verified Primus \_\_\_\_\_ Verified Solomon \_\_\_\_\_ Paid Date \_\_\_\_\_

**MEMBER CREDIT APPLICATION**

ISTC requires a brief credit check before accepting your membership application. Please furnish the following information:

**Company Name** \_\_\_\_\_

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

**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Banking Information:**

**Name** \_\_\_\_\_

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

**Phone Number** \_\_\_\_\_ **Contact** \_\_\_\_\_

**Account Number(s)** \_\_\_\_\_

**Please supply two credit references:**

1. **Company Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Contact** \_\_\_\_\_

2. **Company Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Contact** \_\_\_\_\_

**I authorize the release of credit information to Industrial Safety Training Council pertaining to the above listed company. I understand this information will be used in determining my membership application acceptance or declination.**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

# Credit Card Authorization

Please print all information clearly.

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

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

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Credit Card Type: (Please circle one) Visa MC AX Discover

Credit Card Account #: \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Authorization Amount: \$\_\_\_\_\_.\_\_\_\_

This is to authorize ISTC to pay for safety classes using the credit card listed above. If any price discrepancies occur, your company will be notified by phone the same day of the transaction, and an edited form must be initialed next to any and all changes made in order to be processed.

In order to insure proper credit to your account, please list invoices (if available) or the date of the class(es) that were taken with the name(s) of the student(s) that are being paid for below.

Student Name/Invoice Number

Classes Taken/Class Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

(Will not be processed without signature)

**Please fax to (409) 724-2671**