

SUBSCRIBER CREDIT APPLICATION

ISTC requires a brief credit check before accepting your subscriber 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 subscriber application acceptance or declination.

Authorized Signature

Date

Please fill out form and click submit in the top right corner.
If you are unable to submit using the form please save the document
and email it manually to accounting@istc.net