INDUSTRIAL SAFETY TRAINING COUNCIL CLIENT INFORMATION

Submit

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

This information will be used for the sole purpose of maintaining a client database and will not be shared.

If client wishes to become a subscriber of ISTC, the subscriber fee must be paid prior to processing application. 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 quarterly 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. By submitting this application the undersigned company agrees to receive fax and email notifications from ISTC. ISTC will not share information contained in the application with any other entity. For full details of our privacy policy visit our website at www.istc.net.

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

PLEASE PRINT ALL INFORMATION

DATE: _____CLIENT I.D. NUMBER: _____(ISTC Use Only) UPDATE: _____

FULL COMPANY NAME:(No Acronyms)_____

Physical Office/Street Address: _____

City_____ State _____ Zip _____

Office Phone**:** _____ Office Fax: _____

COMPANY CONTACT:

First Name: _____ Last: _____

Title: _____ E-Mail Address: _____

Phone: _____ Ext. _____ Fax: _____

BILLING CONTACT:

First Name: _____ Last: _____

Title: _____ E-Mail Address: _____

Phone: _____ Ext. _____ Fax: _____

INDUSTRIAL SAFETY TRAINING COUNCIL CLIENT INFORMATION

BILLING ADDRESS :

Mailing Address: _____

City: _____ State: _____ Zip_____

Phone: _____ Ext: _____ Fax: _____

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 ï*** A contractor who engages in more than one discipline of work. **$250.00** Annual Fee
- ● ***Specialty Contractor ï*** 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 ï*** 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
- ○ **Background Screen Only Client** ï company who wishes to process only background screens through ISTC and not take advantage of the training discounts available through other options. **$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 CouncilsôBoard of Directors for final approval.

_____**Office Use Only**_____

Verified Primus _____Verified Solomon _____ Paid Date _____

Rec# _____Amt $_____ Pymt Type _____

ELECTRONIC BILLING QUESTIONNAIRE

COMPANY NAME: _____

CLIENT ID#

_____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____ **FAX #:**

_____

EMAIL ADDRESS: _____

(We recommend a generic email address be used as this will be the only communication you receive notifying you that an invoice(s) are ready for viewing/printing/paying from our web tool. It will be your responsibility to update us on any email address changes.)

ACCOUNTS PAYABLE CONTACT PERSON: _____

A/P TELEPHONE # _____ **FAX#:** _____

PLEASE RETURN VIA EMAIL (victoria@istc.net) or VIA FAX (409) 721-6580.

ISTC Office Use Only:

Date received: _____ Date verified:

_____

By: _____

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 victoria@istc.net