

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