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Call 361.552.7823 x 3

Email: customerservice@cscportlavaca.org

Online at www.cscportlavaca.org

SCTMC SUBSCRIBER APPLICATION

The undersigned company wishes to become a subscriber to the Safety Council of the Texas Mid-Coast (SCTMC). The information provided on this application will be used for the sole purpose of creating the subscriber's account in our secure database. SCTMC will not share any information contained in this application with any other entity or person(s). Please see our privacy policy at our website for more information.

Subscriber benefits include: 30% off regular prices of computer based training, online registration and access to trainee history, billing privileges with credit approval, flexible payment options including credit card and checks and a free subscription(s) to our e-newsletter.

IMPORTANT NOTE: By submitting this application, applicants agree that subscriber fees must be paid in advance of service rendered to receive subscriber benefits. SCTMC's billing services are due upon receipt. If at any time an account becomes delinquent, all subscriber benefits are forfeited until the account is current and paid in full. Invoices more than 30 days late will accrue late charges.

Subscribers must complete all sections of the application to avoid delays in processing.

Non-Subscribers need only fill out page 1. (Please Type or Use Blue or Black Ink)

Date received: _____ iLevel ID (SCTMC use only!) _____

APPLICANTS INFORMATION (PLEASE PRINT OR TYPE)

Company name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Requested user name: _____ Password: _____

Safety Training Contact Person: _____

Title: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Please sign me up for the SCTMC e-Newsletter _____ Yes _____ No

Our mission is to provide workforce training compliant with regulatory requirements to promote a safe and healthy workplace. At SCTMC, we value our customer through a commitment to quality safety training. Our commitment is illustrated by our clear communication, accurate recordkeeping, excellent customer service and corporate integrity.

SUBSCRIBER INFORMATION (PLEASE TYPE OR PRINT)

Billing Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Accounts Payable Contact Person: _____

Title: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

PLEASE CHECK ONE FEE THAT BEST FITS YOUR COMPANY: (Due Every January)

_____ **\$250.00 General:** A contractor or business who engages in more than one discipline of work

_____ **\$150.00 Specialty:** Trade contractor or business, including midstream oil/gas. Works as a sub for a General Contractor or directly for site performing only part of the work for a project, primarily in one discipline.

_____ **\$50.00 Vendor:** Any business who furnishes materials, services or transportation but no labor to a site. (Example: waste collection, truck drivers, vending machines)

Effective July 7th, 2016, credit card transactions will be assessed a processing fee of 5% of the total amount of the transaction.

SIGNATURE: _____ **DATE:** _____

**FIVE CREDIT REFERENCES ARE REQUIRED
(Please Type or Use Blue or Black Ink)**

Company Name	Contact Person	Phone	Email

SCTMC USE ONLY

Set up and credit verification	Payment verification
iLEVEL: _____ ACCT: _____	PYMNT REC'D: _____ ANNUAL RENEWAL: _____

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