



3731 State Hwy 35 S, Port Lavaca, TX 77979
Call 361.552.7823 x 3 or Fax 361.552.1298
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, 30-day 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 net 30. 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.**

Date received: _____ Subscriber 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.

Billing Address:_____

Phone: _____ Fax: _____

Accounts Payable Contact Person: _____

Title: _____ Email: _____

Address:

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

 \$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)

\$50.00 Background Screen ONLY: Any company who wishes to process only background screens

SIGNATURE: _____ **DATE:** _____

| Company Name | Contact Person | Phone | Email |
|--------------|----------------|-------|-------|
| | | | |
| | | | |
| | | | |

| Set up and credit verification | | Payment verification | |
|--------------------------------|-------|----------------------|-----------------|
| PRIMUS: | ACCT: | PYMNT REC'D: | ANNUAL RENEWAL: |
| | | | |

Revised: 13 October 2015