



FRANK PHILLIPS COLLEGE SAFETY TRAINING CENTER

FPCSTC Client Application

The undersigned company wishes to become a client of the Frank Phillips College Safety Training Center (FPCSTC). The information provided on this application will be used for the sole purpose of creating a client’s account in our database. **Please be aware that by completing this application this does not give your company billing privileges. All training must be paid for at the time of service.** FPCSTC will not share any information contained in this application with any other entity or person(s). Please allow at least 1 working day for your account to be set up.

Clients must complete all sections of application to avoid delays in processing.
Please fax or e-mail back the completed forms to 806-274-5138 or pstcregister@fpctx.edu

CLIENT INFORMATION (PLEASE TYPE OR PRINT)

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE : _____ FAX: _____

PLEASE COMPLETE THE FOLLOW SECTION FOR EACH PERSON WHO WILL BE REGISTERING EMPLOYEES.

SAFETY TRAINING CONTACT PERSON #1 _____

TITLE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE : _____ FAX: _____

REQUESTED USER NAME: _____ PASSWORD: _____

OFFICE USE ONLY

Acct set-up

DATE RECEIVED: _____ CLIENT ID _____

Date: _____ Initials _____

Company Name _____

SAFETY TRAINING CONTACT PERSON #2 _____

TITLE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE : _____ FAX: _____

REQUESTED USER NAME: _____ PASSWORD: _____

SAFETY TRAINING CONTACT PERSON #3 _____

TITLE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE : _____ FAX: _____

REQUESTED USER NAME: _____ PASSWORD: _____

SIGNATURE: _____

DATE _____

OFFICE USE ONLY

SET UP & CREDIT VERIFICATION

PAYMENT VERIFICATION

Credit Check _____ Acct: _____

Payment received: _____ Annual Renewal: _____