



New Client Form

Company Legal Name: _____

Safety Officer Contact: _____

Phone : _____ Email: _____

Company Address: _____

Company Phone: _____ Fax: _____

Accounts Payable Contact: _____

Phone : _____ Email: _____

Credit Card Number to be Billed: _____

Type of Card: _____ CCV: _____ Exp. Date: _____

Name on Card: _____

Billing Address same as above: Yes _____ No _____

Billing Address if different:

Website User Names and Passwords:

Pricing

NOTE: First three months are a FREE Trial!

Includes the following features: safety data sheet storage, toolbox talks, safety manual storage, accident/incident report, disciplinary action report, employee certification documents, plus your choice of any additional forms selected on the next page.

- For subcontractors, the monthly fee based on number of employees in the CSCA database:

1 – 10	\$50.00
11 – 35	\$100.00
36 – 75	\$150.00
76 – 200	\$300.00
> 200	negotiated
- Monthly access fee per phone/tablet user: \$10

Number of Tablets: _____

Our software provides an option to force users to fill out both the huddle and daily job logs before syncing. Do you want both huddles and logs to be submitted together? Yes:___ No: ___

By signing below, you are indicating that you have read and agree to the terms and conditions of the End User License Agreement for Safety Compliance App:

Signature: _____

Print Name: _____

Date: _____