



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 six 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.

- Monthly web access fee: \$50
- Monthly access fee per tablet: \$12.50
- Monthly fee for link to each General Contractor: \$50

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: _____

Safety First Data Systems LLC
Safety Compliance App Form Selection

Customer Name: _____ Date: _____

Please check the forms required. Note that we can provide custom inspection forms for equipment not listed below. Please check with us for details.

- | | | | | | |
|--------------------------|---|-------------------------------|--------------------------|--|------------------------------|
| <input type="checkbox"/> |  | Huddle | <input type="checkbox"/> |  | Confined Space Permit |
| <input type="checkbox"/> |  | Daily Job Log | <input type="checkbox"/> |  | Hot Work Permit |
| <input type="checkbox"/> |  | Job Safety Analysis (JSA) | <input type="checkbox"/> |  | Truck Inspection |
| <input type="checkbox"/> |  | Site Safety Inspection | <input type="checkbox"/> |  | Scaffold Inspection |
| <input type="checkbox"/> |  | Toolbox Talks | <input type="checkbox"/> |  | Backhoe Inspection |
| <input type="checkbox"/> |  | Incident/Near Miss Report | <input type="checkbox"/> |  | Mini Excavator Inspection |
| <input type="checkbox"/> |  | Injury Report | <input type="checkbox"/> |  | Fire Extinguisher Inspection |
| <input type="checkbox"/> |  | Disciplinary Action Form | <input type="checkbox"/> |  | Scissor Lift Inspection |
| <input type="checkbox"/> |  | Subcontractor Inspection | <input type="checkbox"/> |  | Skid Steer Inspection |
| <input type="checkbox"/> |  | General Contractor Inspection | | | |
| <input type="checkbox"/> |  | Site Safety Orientation | | | |