

## To Establish a New Account

To establish a new account (for companies that are new to sending students to the Three Rivers Safety Center):

*Note: All new companies are "cash only" meaning:*

- The company must either have a credit card on file, send a company check or exact change cash with the students, or
- Students must pay exact change cash or use their personal credit cards to pay for the class.
- Page 2 of this form is required have a company credit card on file.

1. A company official should complete this page and fax it back to us at 815-744-3886.
2. As soon as we have set up the account, we will fax back your company profile page indicating that the account is ready for you to use.
3. At that time the company official(s) may go online to register students or use the other features.
4. Be sure to read the Safety Center rules, course descriptions, etc. before registering students for classes.

Company Name: \_\_\_\_\_  
Contractor Company Legal/dba Name

Working at: **Check the #1 & #2 company where you will be working in the next few months and your plant contact person. TRSC will contact the plants to confirm your company's eligibility to work at that plant before issuing an account.**

<input type="checkbox"/> CITGO Petroleum	<input type="checkbox"/> ExxonMobil	<input type="checkbox"/> LyondellBasell	<input type="checkbox"/> Flint Hills Resources	<input type="checkbox"/> Stepan Company
<input type="checkbox"/> AkzoNobel	<input type="checkbox"/> Aux Sable	<input type="checkbox"/> Oxbow Calcining	<input type="checkbox"/> Americas Styrenics	<input type="checkbox"/> Dow Chemical
<input type="checkbox"/> INEOS NOVA	<input type="checkbox"/> Pactiv Corp	<input type="checkbox"/> Reichhold	<input type="checkbox"/> Oiltanking Joliet	<input type="checkbox"/> FutureMark Paper

**Plant #1 Contact person:** \_\_\_\_\_ **Plant #1 Phone or Email:** \_\_\_\_\_

**Plant #2 Contact person:** \_\_\_\_\_ **Plant #2 Phone or Email:** \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street Address – No PO Boxes, please.  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Owner: \_\_\_\_\_  
(Title + FName + LName)  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Is Purchase Order # Required by Your Company  Yes  No

Main Contact Name: \_\_\_\_\_  
(Safety Director/person responsible for registering students for classes)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Main Contact's Desired User Name: \_\_\_\_\_

Main Contact's Desired Password: \_\_\_\_\_

To add or delete authorized users email [joan.marschner@trma.org](mailto:joan.marschner@trma.org) or [doug.gladden@trma.org](mailto:doug.gladden@trma.org)

