

RPSC Membership Application

Rio Plex Acct Dept use:

RPSC Account#:

Memembership fee:

Please review all membership & billing policies before completing all information in this application.

Please Complete all information:

Terms & Policies

Membership Fee: \$200 Annually

Make check payable to **RPSC** and mail to:

Attn: Customer Relations
400 W. Nolana Street, Ste. A1
McAllen, TX 78504

Contact the customer relations department to arrange Payment by credit card. The \$200 annual membership fee is due each year by January 1st. Payments not received by January 15th will result in cancellation of membership including all benefits such as billing privileges, online registration, and discounted prices.

Accounts Receivable Collection Policy

-Members may have billing privileges.
-Non-Members will pay at the time of training by cash, credit card on file or Company Check.

Billing Policy for Members:

We require a membership application to be on file. All Invoices are due within 30 days of invoice date.

Late Payments:

If invoices go beyond that guideline the following will be applied:

- 1.) If payment is not received within 45 days of invoice date, a late fee will be applied effective on invoices dated after January 1st. The late fee will be 18% per annum of amount due past 45 days. Only prior written approval can waive the late fee.
- 2.) At 60 days past due, we will send a certified demand letter. The letter will state that the account will be placed on a cash only basis and if payment is not received within 10 days of receipt, all services will be suspended. At this time, the membership will be temporarily revoked and non-member prices will apply.
- 3.) At 90 days past due, we will file against the Company in small claims court.

Company Name:

Billing Address:

Street (1):

Street (2):

City:

State

Zip:

Billing Contact

Name:

Phone:

Fax:

Email:

Account Administrator

Name:

Phone:

Fax:

Email:

Street (1):

Street (2):

City:

State

Zip:

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Please review all membership & billing policies before completing all information in this application.

We demand payment on any account 30 days or more in arrears at any time.

The Accounting Manager or Executive Director can make special considerations and/or other arrangements on an individual basis with prior approval.

Returned Checks:

-First offense – Must be replaced within 10 days and will be penalized a \$25.00 NSF charge.

-Second offense – Must be replaced within 10 days and will be penalized a \$25.00 NSF charge. In addition, a member company's membership will be revoked and be changed to non-member status.

RPSC will only accept cash or a cashier's check from any Company after two returned checks.

Credit Balances:

Credit balances on accounts are to be researched and approved by the Accounting Manager or Executive Director prior to refunding. If the company is not current, the credit balance will be applied to remaining invoices.

For questions please contact:

Accounting Department
Phone#: 956-928-1967
FAX#: 956-618-2490
Email: Accounting@rioplex-safety-council.com

Training Manager

Name: _____

Phone: _____

Fax: _____

Email: _____

Street (1): _____

Street (2): _____

City: _____

State: _____

Zip: _____

RPSC Extranet Users List

Companies may have as many "authorized users" as desired. **Please note: Each field is required.**

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile (Optional)

Email Address Must Be Provided To Setup User Name		

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile (Optional)

Email Address Must Be Provided To Setup User Name		

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile (Optional)

Email Address Must Be Provided To Setup User Name		

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile (Optional)

Email Address Must Be Provided To Setup User Name		

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile (Optional)

Email Address Must Be Provided To Setup User Name		



For Use By Rio Plex Accounting Dept.
RPSC Account #: _____

Rio Plex Safety Council

CREDIT CARD AUTHORIZATION FORM FOR MEMBERSHIP

Date: _____

Company Name: _____

Company Representative Authorizing Payment: _____

Title: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

The Rio Plex Safety Council is authorized to charge the below amount for Membership (**this authorization is only for the membership fee of \$200 and will not be used for any other charges**).

RPSC Yearly Membership: \$200

Total Amount To Be Charged: \$200

Type of Credit Card (VISA, MasterCard, ETC.) _____

Card Number: _____

Name on Credit Card: _____

Expiration Date: _____

Billing Address: _____

City, State, Zip Code: _____

Requested By: _____

Authorized By: _____

Email the completed form to RPSC Customer Relations Department at customerservice@rioplexsafetycouncil.com
or fax to 956-618-2490 Attention: Customer Relations

All receipts will be emailed. If email is not available, we will fax your receipt.

Authorized Signature

Date