

CFM Enterprizes LLC/Safetytraineronline.com/Corporate Billing Account Application

This application is for a CFM Enterprises/Safety Trainer Online Corporate Account Payment Code (less than 200 employees) for online courses. I understand that completion of this application will result in my company/organization receiving an Payment Authorization Code(s) that my employees can use to access certified training courses via a computer with modem/Internet access anytime anywhere.

After processing this application, 360training will issue my company a Payment Authorization Code. I understand that it is my responsibility to inform current/prospective employees of this code and that I am responsible for payment of all certificates issued to trainees via this code. 360training will provide a report of all certifications and employee names prior to charging/billing your account for verification purposes.

Please type/print the following information. Allow 5 days for processing. Authorization Payment Code will only be given to the contact person listed on this form and is subject to change.

COMPANY NAME: _____

CHECK TYPE OF BUSINESS:

Partnership	Sole Proprietorship
LLC	Corporation

Federal Employer Identification No. or Local State Taxpayer No: _____

CHECK PAYMENT METHOD:

If you are keeping a credit card on file with 360training, your card will be charged for all certifications in the current billing month. Prior to charging your account, you will be given a certification report and summary.

2 Credit Card

Type: MC / VISA / AMEX / DISCOVER (circle one)

Number: _____ Exp. Date: _____

3 Invoice (statements sent on 10th of each month; payment due net 10)

(A credit card is required for this payment method as well. Your card will not be billed and will only be kept on file.)

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CONTACT PERSON: _____

CONTACT E-MAIL: _____

CONTACT PERSON SIGNATURE: _____

Date

SAFETYTRAINERONLINE/SALESPERSON: _____

Fax to 860-749-3230