



## Safetytraineronline.com/360Training.com Corporate Billing Account Application

This application is for a Safety Trainer Online /360Training.com Corporate Account Payment Code 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, Safety Trainer Online /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 10<sup>th</sup> 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/Referree:** \_\_\_\_\_

**Fax to 860-749-3230**