



Action Safety Education  
www.actionedu.com

## Online Training – Corporate Billing Account Application

I request a business account authorization code for online training courses. I understand that completion of this application will result in my company/organization receiving an authorization code that my employees can use to access training courses via a computer with modem/Internet access anytime anywhere.

After processing this application, Action Safety Education will issue my company an 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 courses taken by trainees via this code. Action Safety Education 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 codes will only be given to the contact person listed on this form and is subject to change.

**COMPANY NAME:** \_\_\_\_\_

**CHECK TYPE OF BUSINESS:**

Sole Proprietorship     Corporation     Government

Federal Employer Identification No. or Local State Taxpayer No: \_\_\_\_\_

**PAYMENT METHOD:**

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

Credit Card

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

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Purchase Order

P.O. Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Misc. Info: \_\_\_\_\_

Invoice (statements sent on 10<sup>th</sup> of each month; payment due net 10)

*If you choose Invoice or Purchase Order, Credit Card information is still required and is used only for a deposit. All invoices and/or credit card statements for online training will be billed by or for "360Training.com online education".*

*Invoices for skills training are separate and will be billed by the authorized skills training center.*

**MAILING ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**CONTACT E-MAIL:** \_\_\_\_\_

**CONTACT PERSON SIGNATURE:** \_\_\_\_\_

Please fax or mail completed form to: Nan Bowman, ASEI, PO Box 1608, Nipomo, CA 93444  
Fax: 805-929-5409

\_\_\_\_\_  
Action Safety Education Approval

\_\_\_\_\_  
Date