

CID: _____
CORP: _____
ACCT CODE: _____

CarolinasAGC

Virtual University

**Online
Training -
Corporate**

Billing Account Application

I request a **360training.com** 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, **360training.com** 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.

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.

- **SALES REPRESENTATIVE:** Please Select
- **COMPANY NAME:**
- **CHECK TYPE OF BUSINESS:** Sole Proprietorship Corporation Government
- Federal Employer Identification No. or Local State Taxpayer:

- **PAYMENT METHOD OPTIONS (Check One):**

Credit Card: (Your credit card will be charged within 5 business days of the following month)

Type: Please Select
Number:
Exp. Date (mm/yy): /
Name on Card:

Purchase Order (Statements sent 10th of each month; payment due net 10)
P.O. Number:

- **CONTACT INFORMATION**

- Contact Person: Please Select
- Mailing Address:
- City/State/ZIP: / /
- Tel: () -
- Fax: () -
- E-Mail:

- **PURCHASE ORDER BILLING INFORMATION**

- Contact Person: Please Select
- Mailing Address:
- City/State/ZIP: / /
- Fax: () -

- Contact Persons Signature:

Please Email and/or Fax this form to: Katie.bernwanger@360training.com or 1-800-442-1149
