



Corporate Billing Account Application

This application is for an **ehs International, Inc.** Corporate Account Payment Code (to be emailed to you) for online courses. I understand that completion of this application will result in my company/organization receiving a Payment Authorization Code(s) that my employees can use to access certified training courses via any computer with internet access.

After processing this application, ehs 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. ehs will provide a report of all certifications and employee names prior to charging/billing your account for verification purposes.

Please type in the following information. Allow (5) five days for processing. The 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: _____

PAYMENT:

A credit card is required to be on file with 360training. If you select credit card option your credit card will be charged within the first (5) five business days of each month. Payment by check is required to be received within (30) thirty days from the invoice date, or the credit card will be charged for the outstanding balance. Prior to charging your account, you will be given a certification report and summary.

Credit Card Type: MASTERCARD VISA AMEX DISCOVER

Account Number: _____ Exp. Date: _____

3 Digit security code on the back of your credit card: _____

Please invoice me (statements sent on the 10th of each month)

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

CONTACT PERSON: _____

CONTACT EMAIL: _____

CONTACT SIGNATURE: _____ **DATE:** _____