



## Corporate Account Application

I request a Professional Bartending Schools of America, Inc. business account authorization code to be created for my business or organization. I understand that completion of this application will result in my company/organization receiving a unique code that my employees can use to access training courses via a computer with modem/Internet access.

After processing this application, 360training/PBSA Inc. 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 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 clearly type/print application information. Credit card information will remain on file and may be charged only if the billing account is delinquent. A valid credit card number is required to process this application. Allow up to 1 business day for processing. Authorization codes will only be given to the contact person listed on this form and are subject to change.

**Official Corporation Name:** \_\_\_\_\_

**Company Account Name:** \_\_\_\_\_

**Type of Business:**  Sole Proprietorship  Corporation  Partnership  LLC

**Federal Employer Identification No:** \_\_\_\_\_

**Local State Taxpayer No:** \_\_\_\_\_

**Company Credit Card:**  Visa  MasterCard  American Express  Discover

**Account Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Expiration Date** \_\_\_\_/\_\_\_\_

**Payment:** You will receive an invoice each month and payment is due within 15 days.

**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Billing Attention:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Company Website:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Contact Person Signature:** \_\_\_\_\_

**PLEASE COMPLETE AND FAX BACK TO 513-542-3513**

OFFICE USE ONLY	
Account Name _____	Account Number _____
Learn2Serve Approval _____	Date _____