



BUSINESS ACCOUNT APPLICATION

I request a National Hospitality Training business authorization code 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, American Safety Council 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. American Safety Council 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. Please allow up to 3 business days for processing. Authorization codes will only be given to the contact person listed on this form.

Thank you for using www.tabctraining.org for your training needs!

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 10 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: 888-732-7205