



### **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, 360Training/Learn2Serve 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. 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.bassetcertification.org](http://www.bassetcertification.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 513-542-3513***