

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 for your training needs!

Official Corporation Name:			
Company Account Name:			
Type of Business: Sole Proprieto	rship Corporation Partnership	LLC	
Federal Employer Identification	No.:		
Local State Taxpayer no:			
Company Credit Card: Visa Mas	sterCard American Express Di	scover	
Account Number:	Expiratio	on Date:/_	·
Payment: You will receive an inv	oice 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