



Corporate Billing Account Application

This application is for a **Easy Real Estate School (ERES)**, Corporate Account Payment Code (less than 200 employees) for online courses. I understand that completion of this application will result in my company/organization receiving an Payment Authorization Code(s) that my employees can use to access certified training courses via a computer with modem/Internet access anytime anywhere.

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

Please type/print the following information. Allow 5 days for processing. 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: _____

CHECK PAYMENT METHOD:

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) business days of each month. Payment by check or wire transfer is required to be received within 30 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: MC / VISA / AMEX / DISCOVER (circle one)
Number: _____ Exp. Date: _____
- Invoice** (statements sent on 10th of each month; payment due next 10th)
***A credit card on file is required. Your credit card will not be billed**
Type: MC / VISA / AMEX / DISCOVER (circle one)
Number: _____ Exp. Date: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CONTACT PERSON: _____

CONTACT E-MAIL: _____

CONTACT PERSON SIGNATURE: _____

Date: _____