



Online Training – Corporate Billing Account Application

I request a business account authorization for online training courses. I understand that completion of this application will result in my company/organization receiving an authorization that my employees can use to access training courses via a computer with modem/Internet access anytime anywhere.

After processing this application, Advantage Prevention Claims Management will issue my company an authorization our PO #, I understand that it is my responsibility to inform current/prospective employees of this P O # and that I am responsible for payment of all courses taken by trainees via this PO# Advantage Prevention Claims Management will provide a report of all certifications and employee names prior to billing your account for verification purposes.

Please type/print the following information. Allow one day for processing. Authorization will only be given to the contact person listed on this form and is not subject to change.

COMPANY NAME: _____

CHECK TYPE OF BUSINESS

Sole Proprietorship Corporation Government

PAYMENT METHOD

You will only be billed for courses taken in any one month –using a Purchase Order

Credit Card

Type: MC/VISA

Number: _____ Exp. Date: _____

Purchase Order

P.O. Number: _____ Exp. Date: _____

Invoice (statements sent on 1st of each month; payment due on receipt)

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CONTACT PERSON: _____

CONTACT E-MAIL: _____

CONTACT PERSON SIGNATURE: _____

Please e-mail completed form to: info@advantagepcm.com

APCM Approval

Date

VIEW OUR PRIVACY POLICY – ON-LINE