



Online Training Account Application

Name _____
Licensed Center Name _____
Address _____
City, State, Zip Code _____
School Phone Number _____
Child Care Licensing Permit Number _____
Tax ID Number _____
Email Address _____
Number of Employees _____

Check One:

_____ I authorize Early Care and Education to charge my credit on the last day of each month for all online trainings completed on my account. No administrative fee will be charged when authorizing a credit card for payment.

Credit Card Number _____
Exp. Date _____ CVS _____ Billing Zip Code _____

_____ I would like to receive an invoice for all online trainings completed on my account each month. Invoices are paid on a Net 30 term. A \$20 per month administrative fee will be charged to my account for invoices and billing.

Instructions

Once your application is approved, you will be assigned a account number. When participants complete a online training, they will enter your account number in the "School Name" field on the online worksheet. Once the worksheet is submitted, no further action is required. Participants will bypass and close out the payment screen.

Authorized Signature Date

You don't stop playing because you grow old, you grow old when you stop playing