



**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**