



Early Care and Education  
Training and Consulting  
www.tymthetrainer.com

Please mark accordingly:

\_\_\_\_\_ *New application*

\_\_\_\_\_ *Update on existing account:*

*Existing Account Number* \_\_\_\_\_

### 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 \_\_\_\_\_

\_\_\_\_\_ 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 additional fees will be charged when authorizing a credit card for payment.

Credit Card Number \_\_\_\_\_

Name on the card \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVS \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

*Once your application is approved, you will be assigned an account number. When participants complete an online training, they will click on the online worksheet titled "Online Worksheet Paying with an Online Account Number". They will enter the 5 digit account number assigned on the online worksheet.*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

*Submit this document either by fax or email.*

*Fax Number: 214-988-5132*

*Email: [tym@tymthetrainer.com](mailto:tym@tymthetrainer.com)*

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