



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

Please mark accordingly:
____ New application
____ Update on existing account

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