



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

## Online Training Charge Account Application

Please mark accordingly:

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

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

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

Licensed Center Name \_\_\_\_\_

Center Email Address \_\_\_\_\_

Account Manager's Name\* \_\_\_\_\_

Account Manager's Email Address \_\_\_\_\_

Center Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Center Phone Number \_\_\_\_\_

Child Care Licensing Permit Number \_\_\_\_\_

Tax ID Number (EIN) \_\_\_\_\_

Number of Employees \_\_\_\_\_

\_\_\_\_\_ I authorize Early Care and Education to charge my payment method on the last day of each month for all trainings completed on my account, or when my account balance reaches or exceeds \$2,000, whichever occurs first. No additional fees will be assessed when authorizing payments.

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 select an online training, they will click the "Purchase" button, and then click "Purchase with Account Number" option. They will then be prompted to enter the 5 digit account number assigned to your account.*

*\*Account Manager must have an individual account set up with Tym the Trainer. Account Manager will have access to their participant's certificates and invoices.*

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

\_\_\_\_\_  
Date

Submit this document by scanning and emailing to:  
tym@tymthetrainer.com and  
lezie@tymthetrainer.com