



# BUSINESS ACCOUNT APPLICATION

I request a National Hospitality Training business authorization code be created for my business or organization. I understand that completion of this application will result in my company/organization receiving a unique code that my employees can use to access training courses via a computer with modem/internet access.

After processing this application, American Safety Council will issue my company an authorization code. I understand that it is my responsibility to inform current/prospective employees of this code and that I am responsible for payment of all certificates issued to trainees via this code. American Safety Council will provide a report of all certifications and employee names prior to charging/billing your account for verification purposes.

Please clearly type/print application information. Credit card information will remain on file and may be charged only if the billing account is delinquent. A valid credit card number is required to process this application. Please allow up to 3 business days for processing. Authorization codes will only be given to the contact person listed on this form.

Thank you for using [www.newyorkalcoholcertification.com](http://www.newyorkalcoholcertification.com) for your training needs!

Official Corporation Name: \_\_\_\_\_

Company Account Name: \_\_\_\_\_

Type of Business:  Sole Proprietorship  Corporation  Partnership  LLC

Federal Employer Identification No.: \_\_\_\_\_

Local State Taxpayer no: \_\_\_\_\_

Company Credit Card:  Visa  MasterCard  American Express  Discover

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Payment: You will receive an invoice each month and payment is due within 10 days.

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Attention: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Website: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Person Signature: \_\_\_\_\_

**PLEASE COMPLETE AND FAX BACK TO: 888-732-7205**