



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 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 select 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.

**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 either by fax or scan and email. Do not use a photo of the application.
Fax Number: 214-988-5132 Email: tym@tymthetrainer.com*