



Please Mark Accordingly:

____ New Application

____ Update existing Account # _____

Online Training Account Application

Licensed Center Name _____

Contact Person's Full Name _____

Center Phone Number _____

Center Email Address _____

Center Billing Address _____

City, State, Zip Code _____

Tax ID Number _____

Child Care Licensing Permit Number _____

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 _____

Name on Card _____

Exp. Date _____ CVS _____ Billing Zip Code _____

Account Manger email: _____

(Account manager must have an individual account set up with Tym the Trainer and will have access to the school's invoicing and employee certificates)

Instructions:

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 school.

Authorized Signature

Date

Email this document to: lezlie@tymthetrainer.com