

CID: \_\_\_\_\_  
CORP: \_\_\_\_\_  
ACCT CODE: \_\_\_\_\_



### Online Training - Corporate Billing Account Application

I request an **ABC Central California** business account authorization code for online training courses. I understand that completion of this application will result in my company/organization receiving an authorization code that my employees can use to access training courses via a computer with modem/Internet access anytime anywhere.

After processing this application, **ABC Central California** 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 courses taken by trainees via this code.

Please type/print the following information. Allow 5 days for processing. Authorization codes will only be given to the contact person listed on this form and is subject to change.

▪ **SALES REPRESENTATIVE:**

▪ **COMPANY NAME:** \_\_\_\_\_

▪ **CHECK TYPE OF BUSINESS:**  Sole Proprietorship  Corporation  Government

Federal Employer Identification No. or Local State Taxpayer (non-members only): \_\_\_\_\_

▪ **PAYMENT METHOD OPTIONS (Check One):**

Member Company: You will be billed monthly by ABC\*

360 Please bill Associated Builders and Contractors – Central California Chapter  
P.O. Box 80718, Bakersfield, California 93380  
\*requires verification by ABC of member status

Credit Card: (Your credit card will be charged within 5 business days of the following month)

Type: \_\_\_\_\_  
Number: \_\_\_\_\_  
Exp. Date (mm/yy): \_\_\_\_\_ / \_\_\_\_\_  
Name on Card: \_\_\_\_\_

▪ **CONTACT INFORMATION**

- Contact Person: \_\_\_\_\_  
- Mailing Address: \_\_\_\_\_  
- City/State/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
- Tel: (\_\_\_\_) - \_\_\_\_\_  
- Fax: (\_\_\_\_) - \_\_\_\_\_  
- E-Mail: \_\_\_\_\_

▪ **PURCHASE ORDER BILLING INFORMATION**

- Contact Person: \_\_\_\_\_  
- Mailing Address: \_\_\_\_\_  
- City/State/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
- Fax: (\_\_\_\_) - \_\_\_\_\_

- Contact Persons Signature:

Please Email and/or Fax this form to: [training@abccentralcal.org](mailto:training@abccentralcal.org) Fax:661-392-9076