



SAFETY TRAINING INSTRUCTION & RESEARCH CENTER

STIR is a resource for safety, health, and environmental information; providing training; outreach and education; and encouraging continual process and human performance improvement.

“STIR your organization to success with safety performance improvement solutions.”

Online Training – Corporate Billing Account Application

I request a 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, STIR 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. STIR will provide a report of all certifications and employee names prior to charging/billing your account for verification purposes.

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.

COMPANY NAME: _____

CHECK TYPE OF BUSINESS:

Sole Proprietorship Corporation Government

Federal Employer Identification No. or Local State Taxpayer No: _____

PAYMENT METHOD:

If you are keeping a credit card on file with 360Training, your card will be charged one time for all certifications in the current billing month. Prior to charging your account, you will be given a certification report and summary.

Credit Card

Type: MC / VISA / AMEX / DISCOVER (circle one)

Number: _____ Exp. Date: _____

Purchase Order

P.O. Number: _____ Exp. Date: _____

Misc Info: _____

Invoice (statements sent on 10th of each month; payment due net 10)

If you choose Invoice or Purchase Order, Credit Card information is still required and is used only for a deposit. All invoices and/or credit card statements will be billed by or for “stir.iastate.edu online education”.

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CONTACT PERSON: _____

CONTACT E-MAIL: _____

CONTACT PERSON SIGNATURE: _____

Please fax or mail completed form to:

_____ STIR Approval

_____ Date