



UNITED STATES LIABILITY INSURANCE GROUP
A BERKSHIRE HATHAWAY COMPANY

Upon completing this form please send to corporate support.

Corporate Support

Amir Sultan

Direct 512-539-2884

e-mail: amir.jawed@360training.com

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CORPORATE BILLING ACCOUNT APPLICATION FORM

This application is to request a 360training.com, Inc. ("360") Corporate Billing Account for online courses. Acceptance of this application allows 360 to invoice _____ "Client" for course purchases online versus end users providing payment, up to 200 employees, by using an Account Payment Code.

Client understands execution of this application will result in receiving an Account Payment Code or Codes for their employees to use in accessing online training courses via any computer with Internet access.

After approval and processing of this application, 360 will issue the Client a Corporate Account Payment Code. It will be the responsibility of the Client to inform their employees of this code.

360 will invoice Client on the 10th of the month for courses registered using the Corporate Account Payment Code during the prior calendar month. Payment is due upon receipt of the invoice based on student registration(s).

Payment not received within 30 days of the invoice date, will be automatically charged to the credit card of the Client, held on file, for the outstanding balance.

360 will include a monthly report of all students who registered for courses during the previous month with the monthly invoice to the Client.

Please print the following information and allow 5 days for processing of this application from receipt by 360. Corporate Account Payment Code information will only be given to the contact person listed on this form and is subject to change.

COMPANY NAME: _____

CHECK TYPE OF BUSINESS:

Partnership	Sole Proprietorship
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LLC	Corporation
State:	

Federal Employer Identification No. or Local State Taxpayer No: _____
DUNS Number: _____ -

- Invoice (statements sent on 10th of each month; payment due Thirty Days after Invoice Date)
- P.O. Number:

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

Billing Address (if different from above)

PHONE #: _____

CONTACT PERSON: _____

CONTACT E-MAIL: _____

PRINTED NAME

PRINTED NAME

AUTHORIZED SIGNATURE
360training.com, Inc.
13801 N. Mo-Pac Expressway
Ste 100
Austin TX 78727

AUTHORIZED SIGNATURE
Customer Company Name
Customer Address Line 1
Customer Address Line 2
City, State Zip Code

DATE

DATE