Group Rate and Billing Application
Phone: 888-324-3994 FAX: 888-334-7345

Group discounts are determined by the number of courses registered with Compliance Training Institute (CTI).This application is for the purpose of setting up a group rate and billing account to take online courses at CTI. After processing this application, CTI will issue your company a discount code that can be given out to any individual that you wish to take a course at CTI with your discount and billing preference. Please note that you will be responsible for payment of all courses taken by individuals using this code to purchase courses from CTI. Discount/billing authorization codes will only be given to the contact person listed on this form; so, please protect this important information.

BUSINESS TYPE
☐ Sole Proprietorship ☐ Corporation ☐ Government ☐ Non-Profit ☐ Other

PREFERRED PAYMENT METHOD
☐ Company Credit Card
  (circle type): MC | VISA | American Express | DISCOVER
  Card Number: _____Exp. Date: _____ Code: _____

☐ Purchase Order
  P.O. Number: _____ Exp. Date: _____
  Misc Information:_____

☐ Multiple Personal Credit Cards: We can set up a Group Rate Account which will come with a discount code. You can give that code to everyone in your group. When each person registers for a course, they can enter your code, get your group discount and pay with there own credit card.

Number of people within your group expected to take our courses? _____

COMPANY/ ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP**: _____

CONTACT PERSON: _____

CONTACT TITLE: _____

OFFICE PHONE: _____ **CELL PHONE:** _____

CONTACT E-MAIL: _____

CONTACT SIGNATURE: _____

Please fax completed form to: 888-334-7345
Applications are processed within the business day that they are received. Feel free to contact us with any questions or to confirm receipt of your application at: 888-324-3994.

To be completed by Compliance Training Institute (below dotted line)

RECEIVED BY: _____ **DATE:** _____
APPROVED BY: _____ **DATE:** _____
PROCESSED BY: _____ **DATE:** _____