



Employer Billing Information Form and Agreement

Employer Name \_\_\_\_\_

Address for Billing Invoice \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Address  
(if different than above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Primary Contact Title \_\_\_\_\_

Primary Contact Phone \_\_\_\_\_

Primary Contact Fax \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Secondary Contact Title \_\_\_\_\_

Secondary Contact Phone \_\_\_\_\_

Secondary Contact Fax \_\_\_\_\_

Secondary Contact Email \_\_\_\_\_

Preferred Username \_\_\_\_\_  
(To view employer reports.)

Preferred Password \_\_\_\_\_  
(To view employer reports Must contain letters, numbers and symbols - \*, \$, %, etc.)

Preferred Registration Password \_\_\_\_\_  
(For employees to bypass payment screen)



I \_\_\_\_\_ hereby confirm that I am  
(print name)

Authorized by \_\_\_\_\_  
(company name)

to enter into an employer billing agreement with Access Continuing Education, Inc.

I understand that by signing this form I am authorizing Access Continuing Education,

Inc. to invoice \_\_\_\_\_ for  
(company name)

continuing education courses used by our employees.

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(signature)

(date)

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(Print title)

Please complete, sign and return to Access Continuing Education, Inc. via

Mail: POB 14585, Albany, NY 12212

Fax: 518.514.1103

Email: [accesseducation@nycap.rr.com](mailto:accesseducation@nycap.rr.com)