

# 3t Training Services

Thank you for your interest in E-Learning

In order to set up your company to be invoiced and to have 3t training services set up as vendor, we will need you to first complete the following forms and submit it back to [Accounting@AllStop.net](mailto:Accounting@AllStop.net) for review and approval.

Once the forms have been filled out completely, we will review them and follow up with confirmation of approval. Once approved, we will guide you how to set up your company account and you will be on your way to taking advantage of one of the most time effective e-learning platforms available, saving your company money, and your personnel time!

We recommend that you check out the following link which will take you through how to set up training courses for your company's personnel, and get the most use from the Team Management Feature.

This link will explain the Team Management Feature --  
> <https://vimeo.com/681903766/15c921a050>

If you have any questions regarding the Customer Set-Up forms, please contact [Accounting@AllStop.net](mailto:Accounting@AllStop.net)

Once you are set up, if you have any questions regarding how to use the features for E-Learning, please contact our E-Learning Manager at [AllStopOnline@AllStop.net](mailto:AllStopOnline@AllStop.net)



## CUSTOMER ACCOUNT FORM

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

Do you issue Purchase Order Numbers :            Yes            No

AP Manager - Name/Phone/Email: \_\_\_\_\_

**E-Mail Address to send invoices:**

Accounts Payable Contact \_\_\_\_\_

Phone Number: \_\_\_\_\_

Will you be paying with a Credit Card?            Yes            No            Sometimes

If yes, do you want this Card to be on file?            Yes            No  
(If yes, please fill out the attached Credit Card Information Form)

Authorized Person Name: \_\_\_\_\_

Authorized Person Signature: \_\_\_\_\_

Authorized Person Title: \_\_\_\_\_ Date: \_\_\_\_\_



**+1 844 557 STOP!**



**ACCOUNTING@ALLSTOP.NET**



1630 FM 1960 East  
Houston, Texas 77073  
281-809-9806 1-844-557-STOP  
accounting@AllStop.net

## Credit Card Information

Contact Name:

Contact Phone Number:

Contact e-mail Address:

Name of Company:

Name on Card:

Billing Address:

Type of Card:

VISA

MC

American Express

Discover

Card Number:

Expiration Date:

3 Digit (CSC) Code on the back of the card:

E-Mail to send receipts (if different than above):

Additional Notes:

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