

High Performance Insulation Professionals requests the below information for your center to begin using our Primary or Secondary Insulation Credentials. Please fill in all blanks as applicable. Return the completed form to HPIIP's Operations Manager.

CENTER INFORMATION

Center Name:

Center Address:

City:

State:

Zip:

CENTER PERSONNEL

Center Director:

Phone:

Email:

Education and Training Director:

Phone:

Email:

CTT Manager:

Phone:

Email:

Finance and Administration Director:

Phone:

Email:

Instructor:

Phone:

Email:

Certifications and Training:

Instructor:

Phone:

Email:

Certifications and Training:

ADDITIONAL PERSONNEL

Name:

Title:

Phone:

Email:

Name:

Title:

Phone:

Email:

PURCHASING AGENT AND BUYER INFORMATION

Agency/Buyer:

Address:

City:

State:

Zip:

Point of Contact:

Title:

Phone:

Email:

BILLING INFORMATION

Information to be included on financial statements and invoices; personnel to be receiving invoices and sending payment

Address:

City:

State:

Zip:

Invoices to be sent to:

Name:

Title:

Phone:

Email:

Name:

Title:

Phone:

Email:

HPIP CREDENTIAL BILLING AND FINANCIAL POLICY

HPIP cannot process a request for credential seats without first receiving a purchase order from the Job Corps Center or Buyer.

HPIP will process requests within 48 hours of receipt.

HPIP will send invoices to the personnel previously listed via email.

Invoices are Net-30. At 30 days, if HPIP has not received payment of the outstanding invoice a reminder will go out to all personnel listed in the billing information. A 2-week extension will be granted for the account to be made current. If the 2-week extension period passes without the outstanding invoice being paid, the center's account will be placed on a temporary hold, restricting any students or instructors from engaging in training or exams. Accounts will be activated immediately upon receipt of payment.

Centers have the option to operate on a blanket purchase order. Centers that operate with a blanket purchase order will be invoiced for every 20 seats used unless otherwise specified. These invoices are to be paid under the same circumstances as stated above.

_____ I understand HPIP's Billing and Financial Policy and agree to the terms outlined above on behalf of our center and purchasing agent.

_____ Our center will operate on a blanket PO.

_____ Due to policies already in place within our center or purchasing agency, we are unable to process payment within 30 days of our order being received. Our organization(s) will work with HPIP to set up a custom policy to fit our needs.

Authorized Signature (Job Corps Center)

Date

Authorized Signature (Buyer/Purchasing Agent)

Date

