

In-Pulse CPR, Inc  
21335 Hi Ho Lane  
Spring Hill, FL 34610

**Third Party Business Billing  
Agreement Form  
Community Classes**



Voice: (813) 343-4024  
Fax: (352) 614-9120  
Email: staff@inpulsecpr.com

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An organization or company requesting In-Pulse CPR to invoice for attendance at any of our community lead classes must request by completing this agreement. By having this agreement in place will avoid the student paying by credit card at the time of registration. Once approved, registration is completed by the appointed person(s) calling or emailing our office with all the required information to register each person.

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

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Responsible party Email: \_\_\_\_\_

Billing Phone: ( ) \_\_\_\_\_ Billing Contact Person: \_\_\_\_\_

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Expected number of students to be trained per year? See pricing on page 2.

- |                                                     |                                                      |                                                      |                                                  |
|-----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> 1-10 students<br>D pricing | <input type="checkbox"/> 11-25 students<br>C Pricing | <input type="checkbox"/> 26-50 students<br>B Pricing | <input type="checkbox"/> 51 or more<br>A Pricing |
|-----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|

Who will be the responsible person or persons calling or emailing us for registrations: \_\_\_\_\_

We do not recommend you have the student contact us for this step unless you have established a passphrase term so we can correctly identify them.

What passphrase term would you like to use, if any: \_\_\_\_\_

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I hereby authorize In-Pulse CPR to invoice for any students attending our community classes at the agreed amount based on the registration therein. I have read and understood In-Pulse CPR billing overview, outlining the third-party billing agreement and I agree to the terms.

Authorized Sponsor (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Sponsor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed, please mail, fax, or email agreement to our office.

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**You agree that** In-Pulse CPR will bill you monthly for any students attending our classes under this agreement at the predetermined rate based off the estimated volume you selected on your application. See below:

D \$65 BLS CPR, \$85 Combo CPR with First Aid

C \$60 BLS CPR, \$80 Combo CPR with First Aid

B \$55 BLS CPR, \$75 Combo CPR with First Aid

A \$50 BLS CPR, \$70 Combo CPR with First Aid

**You agree that** In-Pulse CPR may bill you the difference at the end of a 12-month term if the volume of students you selected is less than you stated.

**Third Party Billing registration procedure:**

1. Select a class time. See class calendar on website. Please verify that the class is still accepting students and is not full.
2. Call or email our office with the following:
  - Your company name and passphrase term if applicable.
  - Class location, date, and time
  - First and last name of student
  - Mailing address
  - Phone number. Work or personal is ok.
  - Student email address. This must be unique on each registration.

Once we have received and approved the registration information, a conformation email will automatically be generated and sent out to the student with the class details. This includes the location date and times of the class. Please make sure you inform your student to watch for this.

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Admin Only

Net terms \_\_\_\_\_

Cost per student: BLS CPR \_\_\_\_\_ Combo CPR with First Aid \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_