Third Party Authorization Form

Billing information

Company_____

Company Contact Name_____ Phone #_____

Address_____ Email_____

City/St/Zip_____ Number of students authorized_____

Student Information For additional students please use the back of the form.

Name_____ Student ID#_____ Date_____

Address_____ Phone #_____

City/St/Zip_____ Email address_____

IMPORTANT- I understand that our company is registering the individual(s} on the attached Student Registration Form(s), our company is responsible for the tuition and fees associated with the stated course(s). Our company must follow normal add/drop and withdrawal procedures of the College. Non-attendance or non-completion of the course does not relieve our company of the charges. I understand that if the company's account becomes delinquent, it will be liable for and agree to pay Treasure Valley Community College all costs and expense of the delinquent obligations, further I understand that TVCC may refer the company's delinquent account to a third-party collection agency. If that occurs, the company agrees to pay any fees and costs assessed by the collection agency, including a collection fee of 25% of the delinquent amount.

AUTHORIZATION: On behalf of the company, I hereby authorize Treasure Valley Community College and its respective agents and contractors to contact me regarding this account, including but not limited to any balances that are becoming due or for delinquencies that are owed the College, at the current or any future company number that is provided or published.

Amounts not to Exceed:

Tuition	Fees	Books/Supplies	Room & Board	Other

By signing, I am acknowledging, on the company's behalf, that I have read and agree to these statements and terms, and the company agrees to be bound by such terms and conditions.

Name_____ Title _____

Signature_____Date_____

Student Information

Name________________________________ Student ID#_________________ Date_______________
Address____ Phone #_________________________
City/St/Zip______________________________ Email address_________________________________

Student Information

Name________________________________ Student ID#_________________ Date_______________
Address____ Phone #_________________________
City/St/Zip______________________________ Email address_________________________________

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