

# POLK STATE CORPORATE COLLEGE

## PSC CORPORATE COLLEGE COMPANY BILLING AUTHORIZATION

**BILLING AUTHORIZATION FORM INSTRUCTIONS:** Complete this form by typing directly onto it. Save it to a computer and print a copy. Submit a signed copy of the PSC Corporate College Company Billing Authorization form and all of the associated PSC Corporate College Non-Credit Registration forms by faxing to the Non-Credit Registration Office at (863) 669-2330 or mailing to Corporate College, Non-Credit Registration: Station 100; Polk State College; 999 Avenue H NE; Winter Haven, FL 33881.

**ALL information below is required** in order for the College to bill a company for the students to attend the course listed below. Type the company's billing address and billing contact information. All paperwork must be received in the Corporate College Registration Office no later than five (5) business days prior to the class. Forms that are incomplete will be returned unprocessed and the registration(s) will be delayed.

**NOTE:** Only one class is covered per Billing Authorization form. If the company has more than one class to register students for, a separate Billing Authorization form and Registration form must be completed for each additional class.

**Full Company Name:**

**Attn:** <invoice will be sent to this person or department>

**Company BILLING Address:**

**City, State and Zip:**

**Phone Number:**

**Fax Number:**

**Federal Tax ID Number:**

**COURSE NAME:**  **COURSE & REFERENCE #:**  -

Please bill the company for the students listed below for the above mentioned class:

STUDENT NAME	STUDENT ID# or SSN	DATE OF BIRTH (required for <u>all</u> students)

**Please note:** Social Security Numbers (SSNs) are not generally required. Certain classes such as Insurance and Contractor Mine Safety Training courses do require this information. For a list of reasons why SSNs are collected, please visit < [www.polk.edu](http://www.polk.edu) >.

\_\_\_\_\_ **Total Number of Registrations**

*Attached please find the PSC Corporate College Non-Credit Registration Form for each of the students listed above.*

*I certify that our company will pay for the above students. I understand that our company must notify the Corporate College Registration Office in writing through the fax at (863)669-2330 if any of the above students will not be attending the course at least three (3) business days before the start of the course. I understand that if I decide to “replace” one or more students or if additional students will be attending, the company must submit an additional Authorization to Bill form for each change/replacement or additional students at least two (2) business days before the start of the course to the Corporate College Registration Office, and I certify that I understand that I will be charged the full price of the spot in the class for any withdrawals after this period.*

*I agree that the company will pay Polk State College’s invoice for the above students within 30 days of receipt of the invoice from the College. I understand that all information must be provided in order to process my request, and that incomplete forms will be returned to me/the company unprocessed, which will likely delay registration.*

<b>Authorized Name (Please Print)</b>	<b>Title</b>	<b>Phone No.</b>
<b>Authorized Signature</b>	<b>Date</b>	