



**BILLING AUTHORIZATION**

This letter serves as authorization for \_\_\_\_\_ to pay  
*(company name)*  
for the following class(es) or other:  
*(tuition/fees and/or books)*

**Title:**

**Course Number:**

**CRN# :**

**Class(es) or Term:**

**Other:**

**Please bill our facility for the following student(s):**

**Billing address and contact information:**

**Address:**

**City:**

**State:**

**Zip:**

**Contact Name:**

**Contact Phone Number:**

**Contact Email Address:**

Email Invoice: Yes  
No

**Authorizing Signature:**

**Date:**

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