

Authorization for Third Party Billing

If your organization (Third Party) is paying for you to attend a Continuing Education course at Cleveland State University and you are requesting that the Third Party be invoiced for the cost of the course, either a purchase order OR this "Authorization for Third Party Billing" form must accompany your registration.

Directions

1. Complete a registration form as indicated on the form.
2. Complete this Authorization for Third Party Billing form and include:
 - Your name, your phone number, mailing address, e-mail address, and the name of course(s) you are attending.
 - Name of Third-Party organization, address and billing address.
 - Name of authorizing person, title, and phone number.
 - Two signatures (your signature and the authorizing person's signature).
3. Mail or fax both forms to the address or fax number provided on the registration form.

Cleveland State University will invoice the Third Party as indicated on the authorization. Withdrawal requests must be received two business days prior to the first class. Failure to contact our office will result in full tuition invoicing.

Terms and Conditions

It is the student's responsibility to pay any difference on the account that is not covered by the authorization. Failure to pay will result in withholding transcript and certificate. The student will be prevented from registering for any future classes at Cleveland State University until the student account balance is paid in full. Further, the student may be liable for attorney fees and/or actual or reasonable collection costs which may be added to the "Total Amount Due."

As the student, I hereby acknowledge that I have read all of the provisions of the "Third Party Billing Application." I agree that I am responsible for any amount not paid by the Third Party mentioned below.

Student name and phone number (please print)	X Signature	Date
Student's mailing address	e-mail address	
Course number and fee: # _____	\$ _____	
Course number and fee: # _____	\$ _____	
Name of Third Party: _____		
Mailing address (if different than student's address): _____		
Billing address (if different than mailing address): _____		
Authorizing person; title and phone number (please print)	X Signature	Date
Total amount approved by Third Party: \$ _____		