



Palm Beach Community College
Accounts Receivable Office
4200 Congress Avenue, M/S#11
Lake Worth, FL 33461-4796
Phone: 561-868-3075 Fax: 561-868-3080

BILLING APPLICATION

Organization Name: _____

Billing Address: _____

City, State, Zip: _____

Contact Address: _____

Contact Person(s): _____

Phone Number: _() _____ Fax Number: _() _____

The following individuals are authorized to make individual and/or group billing requests from the Organization listed above:

<u>Print Name</u>	<u>Signature</u>	<u>E-mail address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing this application, the authorizing Organization agrees to the following terms and conditions:

- A. Organization agrees to pay in all circumstances fees for students authorized on billing forms (Group or Individual), regardless of student performance, class attendance or continued employment.
- B. Organization understands that in order for PBCC to adhere to Statutes and Florida State Board of Education Rule 6A-14.054 (17), deferral of fees, it is necessary for payment to be received within 30 days of the invoice date. Failure to comply could result in the loss of billing privileges and prepayment would be required for any future courses.
- C. Organization may be subject to fees for late payment or other collection fees per contract or invoice terms.
- D. Certification: The signature below indicates authority to act on behalf of the organization.

 Print Name

 Signature

 Title

 Date

For PBCC use only. Customer Number: _____ PBCC Program Manager _____ Received date: _____ Prog. Mgr. informed date: _____
