



# Collin College

## Third Party Billing Agreement

Organization Name \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 FAX Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Collin College (College) and \_\_\_\_\_ (Organization) enter into an agreement whereupon Organization agrees to pay the College for tuition, fees, books, and supplies as authorized by the Organization. The period for which this agreement covers is indicated in the space below. Additionally, in the spaces provided, the costs for which the Organization will be responsible are checked-off and amounts indicated.

Duration of agreement (not to exceed two years): \_\_\_\_\_  
 Costs paid by Organization (mark those that will be covered: \_\_\_\_\_tuition \_\_\_\_\_fees \_\_\_\_\_books \_\_\_\_\_supplies  
 Maximum per student: \$ \_\_\_\_\_  
 and/or Maximum per this agreement: \$ \_\_\_\_\_

It is understood that Collin College will invoice the Organization and that payment is due upon receipt of invoice. When appropriate, attach a list of students, their corresponding social security number, course(s) in which to be registered, and amount to be paid by the Organization for each student.

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Organization's Authorized Agent  
 Printed Name/Title:

\_\_\_\_\_  
 Barbara Jindra  
 Associate Vice President, Financial Services and Reporting

Date \_\_\_\_\_

Date \_\_\_\_\_

Fax completed forms to: (972)758-3843

or

Mail to: Collin College  
 Higher Education Center  
 Bursar  
 3452 Spur 399  
 McKinney, TX 75069

For questions, call (972)758-3837

For Office Use Only:

Vendor ID \_\_\_\_\_

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	Student Name ( <i>Please Print</i> )	Last 4 of SSN	Date of Birth	Term	Limit Amount
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12					\$
13					\$
14					\$
15					\$
16					\$
17					\$
18					\$
19					\$
20					\$