

Third Party Payment Authorization

| BUSINESS OFFICE PHONE: 620.341.1311 | BUSINESS | 6 OFFICE FAX: 620.343.4797 | | 301 WEST 18TH AVENUE EM | | |
|--|----------------|----------------------------|-------|---------------------------|-----|--|
| Company/Organization | | | | | | |
| Billing Address | Street | | | | | |
| | City, ST | | | Zip Code | | |
| Telephone Number | · | email | | | | |
| Semester/Academic Year | | | | | | |
| We agree to pay all select understand the charges for be invoiced to us on a ser Student Name | or Tuition, Fe | es,Textbooks a | | | | |
| Example: John Doe | | 100% | 100% | 50% | 0% | |
| - Dampie.joini Doc | | 100% | 10070 | 30% | 070 | |
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| Company Representive - Print Full Name | | | Date | Date | | |

Company Representative - Signature