



Hawkeye Community College  
Business and Community Education  
5330 Nordic Drive, Cedar Falls, IA 50613

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businessandcommunity@hawkeyecollege.edu

## Request for Third Party Billing

**Please complete and return by mail, fax, or email Attn: Lonnie. Processing may take up to two (2) business days.**

### Company Mailing Address:

Company Attention To: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ EIN#: \_\_\_\_\_

Line 1 Address: \_\_\_\_\_ Line 2 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Company Billing Address:

Company Attention To: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Line 1 Address: \_\_\_\_\_ Line 2 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Company Information:

Company Website: \_\_\_\_\_

If others are authorized to approve training/registration, please list on page 2.

**Others Authorized at Company:**

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

If different address than mailing address.

Company Name: \_\_\_\_\_

Line 1 Address: \_\_\_\_\_ Line 2 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

If different address than listed.

Company Name: \_\_\_\_\_

Line 1 Address: \_\_\_\_\_ Line 2 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

If different address than listed.

Phone: Day: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Line 1 Address: \_\_\_\_\_ Line 2 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_