Colorado Northwestern Community College

500 Kennedy Drive
Rangely, CO 81648

2801 West Ninth
Craig, CO 81625

800.562.1105
www.cncc.edu

Date_____

Third Party Payment Agreement

Company/Agency: _____

Authorized Signer (Print): _____

Authorized Signature: _____

The above named employer authorizes the training of the following named students in approved courses as indicated and shall pay the Training Agency (Colorado Northwestern Community College) the actual costs of conducting stated training for employees in stated courses. All accounts are due in full 60 days from the last day of class. Please submit completed form to abby.yates@cncc.edu or CNCC Accounts Receivable, 500 Kennedy Drive, Rangely, CO 81648.

Authorization/ PO # _____ **W9/TIN#**_____ **Phone #**_____

Contact / Billing Information: _____

(Training Agency will send billing information to) _____

_____

_____

Approved Employees/ Courses

	Student Number (for CNCC Use)	First and Last Name	Course Title(s)	CRN
1				
2				
3				
4				
5				