



**POLK STATE CORPORATE COLLEGE COMPANY REGISTRATION/BILLING AUTHORIZATION  
for Contractor Safety Training**

**BILLING AUTHORIZATION/REGISTRATION FORM INSTRUCTIONS:** Complete this form by typing directly onto it. Save it to your computer and print a copy. Submit a signed copy of the PSC Corporate College Company Billing Authorization form by emailing to the Contractor Safety Institute at [contractorsafety@polk.edu](mailto:contractorsafety@polk.edu)

- Full Company Name:
- Company BILLING Address:
- City, State and Zip:
- Phone Number:
- Federal Tax ID Number:
- Company contact Email Address:**

\_\_\_\_ I attest that a background check and drug screen was performed on the attached participant as a condition of employment and that the employee has met the minimum requirements established by our organization to represent the organization. As such, the organization accepts responsibility for any actions that could be causally related to the employee's background or history of drug use.

By signing this document, I agree to the following statements:

- i. I am financially responsible for all fees incurred.
- ii. I agree that the company will pay Polk State College's invoice for the student listed below within 30 days of receipt of the invoice from the College
- iii. Returned checks will be assessed a returned check fee and future check payments will not be accepted.
- iv. If any money is owed to the college and it is not paid, I may be referred to a collection agency. I will be responsible for reimbursing Polk State College the cost of collection incurred (up to 27% of the amount due). Additionally, the status of my account may be reported to a credit bureau.

\_\_\_\_\_

<b>Authorized Name (Please Print)</b>	<b>Title</b>	<b>Phone No.</b>
---------------------------------------	--------------	------------------

\_\_\_\_\_

<b>Authorized Signature</b>	<b>Date</b>
-----------------------------	-------------

**COURSE NAME:** \_\_\_\_\_ **SECTION NUMBER:** \_\_\_\_\_

<b>STUDENT NAME</b>	<b>STUDENT ID# or SSN</b>	<b>DATE OF BIRTH (required for all students)</b>

***Please note:*** Social Security Numbers (SSNs) are not generally required. Certain classes such as Insurance and Contractor Safety Training courses do require this information. For a list of reasons why SSNs are collected, visit <[www.polk.edu](http://www.polk.edu)>.

Home address:		
City:	State:	Zip:
Work phone #:	Cell phone #:	
Home phone #:		

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Email:
Race: (Used by the U.S. Office of Education Title VI Civil Rights Act of 1964):	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other	