

AUTHORITY TO INVOICE THIRD PARTY

TS110901

Email | <u>thirdpartyinvoicing@smtafe.wa.edu.au</u> Phone | 1300 533 707

Only required if not previously provided

By signing this document, the Third Party is accepting financial responsibility for all fees and charges associated with the student/s or apprentice/s enrolment at South Metropolitan TAFE (SM TAFE). The Third Party is responsible for payment of fees for the period that the student is indentured with them (and/or any training delivered within the period that the authorisation is valid).

- Where a Third Party defaults on paying the student fees, the debt remains the responsibility of the Third Party and does not revert to the student. The Third Party will be managed as per SM TAFE Debt Management Policy.
- The Third Party assumes liability until the authorisation expiry date entered below or <u>written confirmation is</u> received by SM TAFE to rescind this Authority.
- Payment terms are strictly 30 days from the date of invoice.
- SM TAFE reserves the right to reject further Authority to Invoice Third Party requests should there be outstanding
 invoices or a history of late payments.

COMPANY BILLING DETAILS											
Business Na	ıme:						Business	ABN:			
Contact Name:							Debtor ID:	((if known)		
Email Address:							Phone Nu	mber:			
Postal Address:							Suburb:				
Postcode:							State:				
AUTHORITY & PURCHASE ORDER DETAILS											
Duration: Select whichever applies:											
□ Payment for ALL fees for the duration of the Course or Training Contract, OR Expiry Date:											
☐ Fees to the value of: \$											
□ RPL / Short Course inclusive											
PAYMENT VIA PURCHASE ORDER If providing SM TAFE with a purchase order provide details below											
PURCHASE ORDER NUMBER							·				
PURCHASE	ORDER	NUMBE					EXPIRY DATE				
STUDENT DETAILS This authority is valid for the below listed students											
Family Name	mily Name			First Given		Student ID			DOB		
(Surname)				Name							
Family Name (Surname)				First Given Name			tudent ID		DOB		
Family Name (Surname)				First Given Name		St	udent ID		DOB		
Family Name (Surname)				First Given Name		St	udent ID		DOB		
THIRD PARTY ACKNOWLEDGEMENT AND AUTHORISATION											
In signing this authority, the Third Party acknowledges they are accepting responsibility for the payment and charges nominated above relating to the above listed student's enrolments at SM TAFE. Any rescindment of this authority must be provided in writing and any fee incurred or invoiced prior to rescindment remains the responsibility of the Third Party.											
I agree to these terms and conditions and any required vendor agreements are already approved											
Authorised Staff					Po		1				
Signature					Date						
Prior to the commencement of class this form should be completed and returned to SM TAFE by emailing thirdpartyinvoicing@smtafe.wa.edu.au											