



# MidKent College

## LETTER OF AUTHORITY Please complete and return to Credit Control

By e-mail to: [credit.control@midkent.ac.uk](mailto:credit.control@midkent.ac.uk)

By post to: Credit Control, MidKent College, Medway Campus, Medway Road, Gillingham, Kent, ME7 1FN

We the undersigned agree to pay the course fees and associated costs as detailed below.

Please note that fees quoted are for the current academic year only. A separate fee is payable before the start of each academic year.

Student's Surname (BLOCK CAPITALS)	
First Name(s) (BLOCK CAPITALS)	
Student ID (if known)	
Courses	Fee

Company name and invoicing address:	
	Postcode
Email address for invoicing (ie accounts payable/finance department)	

Company's Tel. Number	Contact Name
Company's Order/Reference Number (please attach a copy)	
Authorised Signature	
Email address	
Name/ Position	Date

*Please note that the completion of this form represents a commitment to pay.*

*All invoices are payable within 30 days of invoice date.*

*A separate form should be used for each student.*