

Third Party Vendor

Date

Agent/Representative Name & Title

Agent Signature

Company Name

Vendor Contact Information

Phone Number

Fax Number

Email Address

Address

City

State.

ZIP Code

Please complete the attached spreadsheet with student's information attached. If there are restrictions to how much will be covered under contract please indicate in the notation field. We will need an updated roster for each term to provide coverage for the students. Any changes to a student's coverage, additions, or billing communications need to be emailed to thirdpartybilling@gwinnetttech.edu

We will invoice for students once the schedule is confirmed. If you have questions please contact the Bursars' office of Gwinnett Technical College.

