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# Third Party Billing Setup

TODAY'S DATE \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

**NOTE:** *When third party billing is going to be used, you must complete the following form and return it to MBS Direct.*

COMPANY CONTACT NAME	EMAIL		
PHYSICAL ADDRESS	CITY	STATE	ZIP
PHONE	FAX		

## ACCOUNTING CONTACT:

NAME	EMAIL
TITLE	
PHONE	FAX

## STATEMENT ADDRESS:

COMPANY CONTACT NAME	EMAIL		
ATTENTION			
ADDRESS	CITY	STATE	ZIP