

**Third Party Billing statement  
for COMPANY:**

Please fill in this statement and return it by email or deliver it in person to Alfaskolen.

**Company Payment Statement:**

We hereby state that our company is paying for the course (full course name):

Course fee: \_\_\_\_\_ NOK  
For (name of employee): Mr./Ms./Mrs.

Invoice shall include books:  Yes  No

We would like the invoice to be sent to:

**Company name:**

\_\_\_\_\_  
**Company org. number:**

\_\_\_\_\_  
**Invoicing address:**

\_\_\_\_\_  
**Responsible / contact person:**

\_\_\_\_\_  
**Phone number:**

\_\_\_\_\_  
**E-mail address:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date and place**

\_\_\_\_\_

**Company  
representative`s  
signature**

**Only once this statement has been signed and returned to Alfaskolen will the invoice will be sent to the third party. If not returned, the student will be held responsible for any outstanding payment of the course fee and unpaid materials upon beginning the course. For more information, please see Alfaskolen`s regulations: <http://alfaskolen.no/en/regulations>**

**Third Party Billing statement  
for PRIVATE PERSON:**

Please fill in this statement and return it by email or deliver it in person to Alfaskolen.

**Private person Payment Statement:**

I hereby state that I agree to pay for the following course (full course name):

Course fee: \_\_\_\_\_ NOK  
For (name of student): Mr./Ms./Mrs.

*Books can be purchased in any bookstore or at Alfaskolen.*

I would like the invoice to be sent to:

**Name of Payer:**

\_\_\_\_\_  
**Invoicing address:**

\_\_\_\_\_  
**Phone number:**

\_\_\_\_\_  
**E-mail address:**

\_\_\_\_\_  
**Comment:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date and place**

\_\_\_\_\_

**Signature**

**ALFASKOLEN AS - Language Courses**  
Kongens gate 15 / 0153 Oslo  
org.no.: 999166318  
phone: + 47 22 41 01 20  
[www.alfaskolen.no](http://www.alfaskolen.no)  
[www.facebook.com/alfaskolen.oslo](https://www.facebook.com/alfaskolen.oslo)