

**Third Party Billing statement  
for COMPANY:**

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

**Company Payment Statement:**

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

\_\_\_\_\_

Course fee: € \_\_\_\_\_

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

\_\_\_\_\_

Place

\_\_\_\_\_  
Company representative`s signature

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

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

**Private person Payment Statement:**

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

\_\_\_\_\_

Course fee: € \_\_\_\_\_

For (name of course participant): Mr./Ms./Mrs.

\_\_\_\_\_

*Books can be purchased in a bookstore or online.*

**I would like the invoice to be sent to:**

Name of Payer:

\_\_\_\_\_

Invoicing address:

\_\_\_\_\_

Phone number:

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

Comment:

\_\_\_\_\_

\_\_\_\_\_

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

Date

\_\_\_\_\_

Place

\_\_\_\_\_  
Signature payer

**Only once this statement has been signed and returned to Dutch First, will the invoice will be sent to the third party. If not returned, the course participant will be held responsible for any outstanding payment of the course fee and unpaid materials upon beginning of the course. For more information, please see Dutch First regulations: <http://dutchfirst.nl/en/regulations>**

**Dutch First BV**

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