

## Customer Information Form Instructions

Texas A&M University

This form is required to establish a customer account that allows TAMU/TAMUG/or TAMUS to extend credit for goods and/or services to external customers. If a customer account is not established, payment must be made at the time of the sale of goods and/or services. This form is used to establish new customer accounts and update current customer accounts.

### **Business/Individual Customer Name**

Provide the business name or individual name of the party responsible for payment to TAMU/TAMUG/TAMUS. Please note that an individual customer is someone that is doing personal business with TAMU/TAMUG/TAMUS and is responsible for personal payment.

### **Federal ID/Social Security Number**

Provide the Federal Identification Number for the company responsible, or provide the Social Security Number for the individual responsible for payment.

### **TAMU/TAMUG/TAMUS customer number (if assigned)**

Provide the 13-digit customer number if established; if not, leave blank. You will be notified once the account is established.

### **Customer Information Address**

Provide the address in which invoices and past due notices should be mailed. Contact Name Provide the contact name of the person completing this form.

### **Email Address**

Provide the email address of the person completing this form.

### **Phone/Fax**

Provide the phone and fax number of the person completing this form.

### **Persons authorized to make purchases on this acct.**

Provide names of persons, other than the person completing this form, that have authority to make purchases on this account.

### **Accounts Payable Contact Name**

Provide the Accounts Payable contact name if it is someone other than the person completing this form.

### **Email Address**

Provide the email address of the Accounts Payable contact.

### **Phone/Fax**

Provide the phone and fax number of the Accounts Payable contact.

### **Name/Signature/Title**

Have authorized individual sign, print name and date this form. Please provide title.

Send this form to the department with which business is being conducted. Department Representatives should then complete the form and submit it to the appropriate office provided on the bottom right of the form. For questions concerning the Customer Information Form, please contact Sales & Receivables at [979-845-4035](tel:979-845-4035) or [ar@tamu.edu](mailto:ar@tamu.edu).

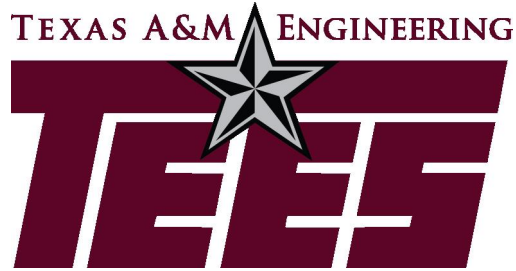
Please either email or mail completed form to one of the below:

**TEES AR**

teesar@tamu.edu

Mail : Texas A&M Engineering Experiment Station

TEES Fiscal Office  
7607 Eastmark Dr. Suite 112  
MS 3124  
College Station, Texas 77840



**TEES USE ONLY:**

Assigned Customer Number:

Completed By:

Date:

**Please use all CAPS**

**Customer / Sponsor Number Request Form**

Blue or Black Ink only

Company Name or **Customer**(First name, middle initial, last name):

Federal ID Number or UIN Number(TAMU Individuals)

Sponsor ID (ONLY if Customer Type is RF or SP)

**Customer Information:**

**Address:**

**City:**

**State:**

**Zip:**

**Country:**

**Contact Name:**

**Email Address:**

**Phone:**

**Fax:**

**Customer Representative:**

**Signature:**

**Date:**

**Secondary Contact Information:**

**Contact Name:**

**Email Address:**

**Phone:**

**Fax:**

**Customer Type:**

CP - Corporation

RF - Research Foundation

IN - Individual

SP - Sponsored Research

NP - Non Profit Org.

PT - Other TAMUS Part

OG - Other Gov't Entity

System Part(i. e. 28-Texas A&M Engineering Experiment Station):

Account Number:

***This form must be completed in order to extend credit and allow our customers to pay for goods/services at a later date. PAST DUE INVOICES ARE SUBJECT TO BEING REPORTED TO THE STATE COMPTROLLER AND/OR A COLLECTION AGENCY. A FEE WILL BE APPLIED TO ALL RETURNED CHECKS.***

**Privacy Notice:** State Law requires that you be informed of the following: (1) You are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provide by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

**Department USE ONLY -**

**Departmental Certification:** I have verified the identification of the customer requesting this service.

Department Name

Dep. Rep Signature

Dep. Rep Name

Dep. Rep Email