



Customer Information Form

Texas A&M University - College Station
Texas A&M University - Galveston
Texas A&M University System

Business/Individual Customer Name	Federal ID/Social Security Numb.	TAMU/TAMUG/TAMUS Customer Number (if assigned)

Customer Information

Address:

City: State/ZIP:

Contact Name:

Email address:

Phone:

Fax:

Persons authorized to make purchases on this acct.

Accounts Payable Contact Name:

Email Address:

Phone:

Fax:

Name: _____
Customer Representative

Signature: _____

Title: _____

Date: _____

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 provided 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.

TAMU/TAMUG/TAMUS Departmental Certification:

I have verified the identification of the customer requesting this service.

_____ Department Name

_____ Department Rep Signature

_____ Department Rep Name

Please either fax or mail completed form as shown below:

TAMU/TAMUS - College Station	TAMU - Galveston
Fax completed form to:	Fax completed form to:
(979) 458-4188	(409) 740-4573
Mail completed form to:	Mail completed form to:
Texas A&M University	Texas A&M University Galveston
Financial Mgmt. Operations - S&R	Financial Management Services
Mail Stop 6000	PO Box 1675
College Station, Texas 77843	Galveston, TX 77553
Attn: Rhonda Smith	Attn: Nancy Cook