

Customer Information Form



**THE TEXAS A&M
UNIVERSITY SYSTEM**



**TEXAS A&M
UNIVERSITY**



**TEXAS A&M UNIVERSITY
GALVESTON CAMPUS**



**HEALTH SCIENCE CENTER
TEXAS A&M UNIVERSITY**



**THE TEXAS A&M
UNIVERSITY SYSTEM
SHARED SERVICES CENTER**

01 TAMUS	02 TAMU	10 TAMUG	23 TAMHSC	26 TAMUSSC
----------	---------	----------	-----------	------------

Blue or Black Ink only

Customer/Company Name: (First, Middle, Last if individual)

Federal ID # or SSN if DBA or individual

Customer Number (Assigned by Fiscal Office)

--	--	--

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____ **Email:** _____

Phone: _____ **Fax:** _____

Accounts Payable Contact Name: _____ **Email:** _____

Phone: _____ **Fax:** _____

Customer Representative 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 than at the time of services. PAST DUE INVOICES MAY BE REPORTED TO THE STATE OF TEXAS 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.

Please check the agency with which you are conducting business at the top of the page. Send completed forms to:

Texas A&M University
Attn: Sales & Receivables
6000 TAMU
College Station, TX 77843-6000
Fax: (979) 458-4188

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

Department Contact Name: _____ **Department Contact Signature:** _____ **Email:** _____