

Texas A&M University Customer Information Sheet

Sales & Receivables

Company Name: (First and Last name if Individual)			Federal ID: (Social Security Number if Individual)			TAMU Customer Number (if assigned)		
Customer Information:				Persons authorized to make purchases on this account:				
Address:								
City: State: Zip:								
Contact Name:			Title:			Accounts Payable Contact Name:		
Email Address:				Email Address:				
Phone:		Fax:		Phone:		Fax:		

Name: _____ **Title:** _____ **Name of TAMU Department conducting business:** _____
 Customer Representative

Signature: _____

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 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.



TAMU Departmental Certification:

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

Department Rep Signature: _____

Department Name: _____

Contact Name: _____

Contact Email: _____

Please fax or mail completed form as shown below:

Fax completed form to: (979) 845-1655
Mail completed form to:
 Texas A&M University
 Center for Chemical Characterization and Analysis
 Mail Stop 3144
 College Station, TX 77843-3144
 Attn: Sales & Receivables