

Texas A&M University Customer Information Sheet

Customer Name: (First name, middle initial, last name)			Social Security Number or Federal ID Number			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:** _____
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:

Fax completed form to: (979) 458-4188

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

Department Rep Signature: _____