## Please use all CAPS

## Blue or Black Ink only



## Customer / Sponsor Number Request Form

| Company Name or Customer(First name, middle initial, last name): | Federal ID Number or UIN Number(TAMU Indviduals) | Sponsor ID (ONLY if Customer Type is RF or SP) |
| :---: | :---: | :---: |
| Customer Information: | Secondary Contact Information: |  |
| Address: | Contact Name: |  |
|  | Email Address: |  |
| City: State: Zip: | Phone: |  |
| Country: | Customer Type: |  |
| Contact Name: | CP - Corporation | RF - Research Foundation |
| Email Address: | IN - Individual | SP - Sponsored Research |
| Phone: Fax: | NP - Non Profit Org. | PT - Other TAMUS Part |
| Customer Representative: | OG - Other Gov't Entity | Account Number: |

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.
Department USE ONLY -
Departmental Certification: I have verified the identification of the customer requesting this service.

