

AG-257 (03/24)

Texas A&M AgriLife Administrative Services -  
Banking and Receivables

# Customer Information Form



*This section is REQUIRED. Please contact invoicing unit if unsure.*

**06 Research**

## Customer Information:

Customer/Company Name: (First, Middle, Last): \_\_\_\_\_

Federal ID Number OR Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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 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.

*Unless otherwise instructed, please send completed forms according to the methods below:*

### EXTERNAL CUSTOMERS

**Address:** Dermatopathology Service TAMU CVM VTPB-4467

664 Raymond Stotzer Parkway

College Station, TX 77843

**Email:** dermpathimages@cvm.tamu.edu

### INTERNAL CUSTOMERS

**Email:** bar@tamu.edu

**Laserfiche:** Units can drop form into appropriate Laserfiche Work-In Progress

Folder – Banking & Receivables “External Customer Setup Requests”

Unit Contact: \_\_\_\_\_

Unit Contact Email: \_\_\_\_\_

For fiscal office use only:

Scanned initials: \_\_\_\_\_

Date: \_\_\_\_\_

AgriLife Assigned Customer Number: \_\_\_\_\_