

# Texas A&M University Customer Information Sheet

## Transportation Services Department

<b>Business or Individual Customer Name:</b>			<b>Federal ID or Social Security Number</b>			<b>TAMU Customer Number (if assigned)</b>		
<b>Customer Information:</b>				<b>Persons authorized to make purchases on this account:</b>				
<b>Address:</b>								
<b>City:</b>		<b>State:</b>		<b>Zip:</b>				
<b>Contact Name:</b>			<b>Title:</b>			<b>Accounts Payable Contact Name:</b>		
<b>Email Address:</b>				<b>Email Address:</b>				
<b>Phone: ( )</b>		<b>Fax: ( )</b>		<b>Phone: ( )</b>		<b>Fax: ( )</b>		

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
 Customer Representative

**Signature:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_  
 Departmental Requestor

**Phone #:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Please either fax or mail completed form as shown below:**

**Fax completed form to:** (979) 845-3366

**Mail completed form to:**  
 Texas A&M University  
 Financial Management Operations/APS  
 Mail Stop 1238  
 College Station, Texas 77843  
 Attn: Sherry Shipley