



Please use all CAPS

Customer Information Form

Blue or Black Ink only

Customer/Company Name: (First name, middle initial, last name)

Social Security Number OR Federal ID Number

TAMU /TAMUS/TAMUG/TAMHSC assigned Customer Number

Customer Information:

Accounts Payable Information:

Address: _____

Contact Name: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Fax: _____

Contact Name: _____

Please either fax or mail completed form as shown below:

Email Address: _____

TAMU/TAMUS/HSC -

TAMU - Galveston

Phone: _____ Fax: _____

Fax: (979) 458-4188

Fax: (409) 740-4573

Mail : Texas A&M University

Mail : Texas A&M University Galveston

Financial Mgmt. Operations - S&R
6000 TAMU
College Station, Texas 77843

Financial Management Services
PO Box 1675
Galveston, Tx 77553

Customer Representative: _____ Title: _____

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/TAMUG/TAMUS/TAMHSC Departmental Certification:

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

Department Name

Dep. Rep Signature

Dep. Rep Name

Dep. Rep Email