

Customer Information Form
Substitute W-9



06 Research

07 Extension

Customer Information:

Company Name: _____
Federal ID 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: Texas A&M AgriLife Administration Services
Attention: AgriLife Learn
Suite 300 MS 2112
College Station, TX 77843-1945
Email: agrilifelearnbilling@ag.tamu.edu

Click here to obtain a copy of Texas A&M AgriLife Extension Service W-9, if needed.

Fiscal office use only:

Scanned initials: _____ Date: _____ AgriLife Assigned Customer Number: _____