



External Customer Information Form

06 Research

07 Extension

20 TVMDL

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

Social Security Number OR Federal ID Number

Customer Information:

Address:

City _____ State _____ Zip _____

Contact Person: _____

Email: _____

Phone: _____ Fax: _____

Customer Representative Signature:

Title: _____ Date _____

Accounts Payable Information:

Unit: _____

Contact Person: _____

Email Address: _____

Phone: _____ Fax: _____

Please send completed form via mail, fax, or email - see below

Address: Texas A&M AgriLife Administration Services

Attention: Banking and Receivables

578 John Kimbrough
College Station, TX 77843-2147

Fax Number: (979) 845-1945 **Email:** BAR@ag.tamu.edu

This form must be completed in order to extend credit and allow our customers to pay for goods/services over \$500 at a later date. PAST DUE INVOICES ARE SUBJECT TO BEING REPORTED TO THE STATE COMPTROLLER AGENCY AND 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.

Unit Certification: I have verified the identification of the customer requesting this service.

Unit Name	Unit Rep Signature	Unit. Rep Name	Unit Rep Email
For fiscal office use only: Scanned initials: _____ Date: _____ AgriLife Assigned Customer Number: _____			