



State Agency Request Form

State Agency Information

Agency Name: Texas AgriLife Extension - New LSO Account#

State Agency [X] State Co-Op []

[] Residential Office FAMIS Ship To: No Mailstops

[] Business Office Physical Address:

City: State: Zip:

FAMIS Bill To

Billing Address:

City: State: Zip:

Account Payable Contact Information:

Name: Phone: Fax: Email:

Account Main Contact Information: (Person Responsible for Shipments)

Name: Phone: Fax: Email:

Agency PO Number [X] Yes [] No If yes, please provide PO number: 301521

Have you ever done business with LSO before? [] Yes [X] No

If yes, Account # Phone # Used w/ Account:

LSO Sales Department Information ONLY: (Please Print)

LSO Sales Contact: Bryan Walters Territory: East Texas

Regional Sales Manager Drew Klepper Date Submitted

Please Complete Form & Return to:

Fax: 1-800-948-7601
Office: 903-561-6476
Cell: 903-752-3511
Email: pbwalters@lso.com
Mail: Lone Star Overnight
Attn: Bryan Walters
1601 Headway Circle
Austin, TX 78754