



State Agency Request Form

State Agency Information

Agency Name: Texas AgriLife Research - New LSO Account#

State Agency [checked] 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 [checked] Yes [ ] No If yes, please provide PO number: 301522

Have you ever done business with LSO before? [ ] Yes [checked] 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