

Accounts Receivable Customer Create Form

Utilize this form when requesting a new customer to added to the A/R system in FAMIS.

Customer Name: _____

Customer Address: _____

Customer Phone Number: _____

Customer Contact Person: _____

Customer Type: ___ Corporation (CP)
 ___ Individual (IN)
 ___ Non-Profit Organization (NP)
 ___ Other Government Entity (OG)
 ___ Other TAMUS System Parts (PT)
 ___ Research Foundation (RF)
 ___ Sponsored Research (SP)

What is the Sponsor ID/Project Number for the Sponsored Research? _____

The customer number assigned to a SP customer type will be based on the Sponsor ID/Project Number.

Requested by:

Name

Department

Email Address

Contact Number

Date

Accounts Receivable Use Only:

Customer Number Assigned: _____

Processed By

Date

Please fax or email this form to the Accounts Receivable Office

Fax Number: (361) 825-2909

Email Address: Accounts.Receivable@tamucc.edu