AG-257 (1/18)

Texas A&M AgriLife Administrative Services –
Banking and Receivables

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 for Billing : _____

Accounts Payable Email: _____

Phone: _____ **Fax**: _____

Customer Representative Signature:

_____

Title: _____ ***Date:*** _____

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

Address: ATTN: AgView Billing
1500 Research Parkway, Suite B270
College Station, TX 77845

Fax Number: (979) 845-6574

Email: agviewcvibilling@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.

Below is for Texas A&M AgriLife official office use only

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: _____