



Customer Information Form

06 Research

07 Extension

20 TVML

Customer Information:

Customer/Company Name as listed in AgView: _____

Federal ID Number OR Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

AP Contact Person: _____ AP Email: _____

Phone: _____ Fax: _____

Customer Representative Signature: _____

Title: _____ Date: _____

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

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

Address: ATTN: AgView Billing
2471 TAMU
College Station, TX 77843-2471

Fax: (979) 845-4996 **Email:** agviewcivbilling@ag.tamu.edu

Unit Contact: _____ Unit Contact Email: _____

For fiscal office use only:		
Scanned initials: _____	Date: _____	AgriLife Assigned Customer Number: _____