

## Customer Maintenance Request

### Customer Mailing Address is:

|                     |  |   |   |
|---------------------|--|---|---|
| Name                |  | <input type="checkbox"/> Add new customer |   |
| Company             |  |   | <input type="checkbox"/> Change customer billing information          |
| Address             |  |   | <input type="checkbox"/> Add billing information to existing customer |
| City                |  |   | <input type="checkbox"/> Other request                                |
| State/Province      |  |   |   |
| ZIP/Post Code       |  |   |   |
| Country (non-US)    |  |   |   |
| Phone               |  |   |   |
| Fax                 |  |   |   |
| Email               |  |   |   |
| Existing customer # |  |   |   |

**Requested by:**

**Phone:**

**Slot:**

### To Contact Accounts Receivable:

Phone: 686-6143

Fax: 686-5056

Email: reevesanitaf@uams.edu