



CUSTOMER REQUEST FORM

New Edit Customer #

Name of Requester

Date of Request

Department/Service Line

Contact Number

CUSTOMER INFORMATION

Non-Revenue

Revenue Generating (invoicing required)

Individual or Organization Name (**IF INDIVIDUAL: use format First Name Last Name, I.E. John Doe**)

Tax ID #

Contact Title

Address (include Suite, Room, Floor, Building, etc.)

City, State

Zip Code/Country

Telephone

Fax

Email

ATTN

BILLING ADDRESS

Same as above

Different from above

Address (include Suite, Room, Floor, Building, etc.)

City, State

Zip Code/Country

Telephone

Fax

Email

ATTN

Comments