

CUSTOMER INFORMATION FORM

Is this a request for a new customer? Yes _____ No _____

Is this a request to change existing customer information? Yes _____ No _____

If yes, what is the customer number? _____

*What is the nature of this organization? (federal, state, local government, private or foreign): _____

If private, it is _____ For Profit _____ Not For Profit

Field name	Value	Length
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CUSTOMER NAME INFORMATION

Customer name 1		35
Customer name 2		35
Customer name 3		35
Customer name 4		35
Search term 1		10
Search term 2		10

ADDRESS INFORMATION

Address 1		60
Address 2		60
Address 3		60
Address 4		60
Zip code & extension		10
City		40
State		2
Country		3
PO Box & extension		10

CONTACT INFORMATION

Contact last name		35
Contact first name		35
Contact function		40
Contact department		40
Contact phone		30
Contact extension		10
Contact fax		30
Contact e-mail		131

GENERAL INFORMATION

*Agency code		3
*Major agency group		3

Notes:

1. * means required field.
2. Please spell out customer name completely. The only abbreviations allowed are TN, US, LLC, unless it is the customer's official name.
3. We suggest you visit customer's web site to get accurate data for name, agency code, major agency group and tax status.

Please complete this form as fully as possible.

***This form should not be used for project-specific information
since all campuses will be sharing the customers.***

Revised 07/10/2009