## Please either email or mail completed form to one of the below:

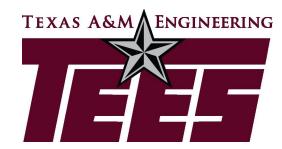
**TEES AR** 

teesar@tamu.edu

Mail: Texas A&M Engineering Experiment Station

TEES Fiscal Office MS 3124

College Station, Texas 77840



TEES USE ONLY:
Assigned Customer Number:
Completed By:
Date:
<u> </u>

## Please use all CAPS

## **Customer / Sponsor Number Request Form**

Company Name or Customer(First name, middle initial, last name):	Federal ID Number or UIN Number(TAMU Ind	(Viduals) Sponsor ID (ONLY if Customer Type is RF or SP)
Customer Information: Address:	Secondary Contact Info	ormation:
	Email Address:	
City: State: Zip:	Phone:	Fax:
Country:	Customer Type	<u>:</u>
Contact Name:	CP - Corpo	oration <u>RF - Research Foundation</u>
Email Address:	IN - Indivi	dual SP - Sponsored Research
Phone: Fax:	NP - Non I	Profit Org. PT - Other TAMUS Part
Customer Representative:	OG - Othe	System Part(i.e. 28-Texas A&M Engineering Experiment Station  The Gov't Entity  Account Number:
Signature:		Account Names.
INVOICES ARE SUBJECT TO BEING REPORTE  Privacy Notice: State Law requires that you be informed of the	D TO THE STATE COMPTROLLER AND APPLIED TO ALL RETURNED CHECKS e following: (1) You are entitled to request to be it	ay for goods/services at a later date. PAST DUE D/OR A COLLECTION AGENCY. A FEE WILL BE S.  Informed about the information about yourself collected by use of and (3) you are entitled to have the information corrected at no
<b>Department USE ONLY - Departmental Certification:</b> I have verified the identification:	tion of the customer requesting this service.	