

**TEXAS A&M HEALTH SCIENCE CENTER
NEW CUSTOMER SET UP REQUEST FORM
(FOR TAMU SYSTEM COMPONENTS & EMPLOYEE CUSTOMERS)**

CUSTOMER NAME: _____

UIN # : (FOR EMPLOYEE CUSTOMERS) _____

BILLING ACCOUNT: (FOR TAMUS COMPONENTS CUSTOMERS) * _____

BILLING ADDRESS: _____

PHONE NUMBER: _____

CUSTOMER TYPE: (CHOOSE ONE)

- IN INDIVIDUAL
- PT OTHER TAMUS SYSTEM PARTS

*** NOTE:** THE BILLING ACCOUNT IS THE BUYING ACCOUNT PROVIDED TO YOU BY YOUR TAMUS COMPONENT CUSTOMER