

## New Organization/Customer Request Form

All fields must be completed to establish an ORG/CUSTOMER account.  
Incomplete forms will be returned back to requestor.

Is this a **TU Foundation** account?    yes   or    no

Who is responsible for payment on the bill?

### REQUESTOR'S INFORMATION

Requestor's Name:

Requestor's Dept:

Requestor's Ext:

Requestor's Fax No.:

Today's Date:

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### ORGANIZATION/CUSTOMER INFORMATION

Organization/Customer  
Name:

**Taxpayer ID:**

**REQUIRED**

**Customer's SS No:**

**REQUIRED**

Organization/Customer  
Address:

City:

State:

Zip Code:

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### ORGANIZATION'S CONTACT INFORMATION

Organization's  
Contact  
Name:

Contact E-Mail  
Address:

Phone:

Fax:

Remit Completed Form to: Teresa Bailey (Orgs) or Ruth Thomas (Customers)

The Bursar's Office

Enrollment Service Center, Rm 336

OR Fax completed form to: Teresa Bailey or Ruth Thomas 4-6043