New Organization/Customer Request Form

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

Clear Form

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:

ORGANIZATION/CUSTOMER INFORMATION

Organization/ Customer Name:
Taxpayer ID: REQUIRED
Customer's SS No: REQUIRED
Organization/ Customer Address:
City:
State:
Zip Code:

ORGANIZATION'S CONTACT INFORMATION

Organization's Contact Name:
Contact E-Mail Address:
Phone:
Fax:

Remit Completed Form to: Dawn Kuessner or Susan Walsh
The Bursar's Office
Enrollment Service Center, Rm 336
OR Fax completed form to: Dawn Kuessner or Susan Walsh
4-6043