



PART A

(Double click on box to check-off) (For Benefits customers, Part B is not required)

Create a new customer Update an existing customer

Account #:

(for existing customers, leave blank for new customers)

Customer Name 1 (Limit to 35 characters including space):

Customer Name 2 (Limit to 35 characters including space):

Contact Name:

Address1:

Address2:

City:

State:

Zip:

Tel 1:

Tel 2:

Fax:

Email 1:

Email 2:

Accounting Clerk (WBUR Customer Only):

Agency (WBUR Customer Only): Yes No

***Department is responsible to obtain any Purchase Order Number prior to billing.**

PART B

Requestor Info BU Department ONLY

Name:

Department:

Telephone:

Email:

PART C

Miscellaneous Receivables ONLY

Received By:

Received Date:

Customer Account Group:

Approved Date:

Approved By:

New Customer Account: