

Customer Information

New Customer Update Customer Customer ID : _____
If Updating Cust or New Internal Cust
 Business Group: _____ Customer Acct Group: _____
User Defined Field 6
 Customer Name: _____
 Address (Line 1): _____
 Address (Line 2): _____
 City: _____ State: ____ Zip Code: _____ Country: _____
 E-mail: _____ Phone: _____ - _____ - _____ Ext: _____
 Customer Since: _____

Contact Information

First Name: _____ Last Name: _____
 Title: _____ E-mail: _____
 Address (Line 1): _____
 Address (Line 2): _____
 City: _____ State: ____ Zip Code: _____ Country: _____
 Phone: _____ - _____ - _____ Ext: _____ Fax: _____ - _____ - _____
 Preferred Communication: Standard Mail E-mail Phone

Submitted By:

_____ Signature	_____ Date
Name: _____	
E-mail: _____	
Phone: _____	

Completed By (FSS):

_____ Signature	_____ Date
Name: _____	
E-mail: _____	
Phone: _____	

Please fax or email the signed form to the Financials Service Desk at:

Fax: 407-882-1211

E-mail: fntrain@ucf.edu