



## Request For New and/or Change to Customer

E-mail to: [customerfile@rfsuny.org](mailto:customerfile@rfsuny.org)

\* All fields on this form are required for customer establishment.

Operating Location:	
Brief Explanation of Change Needed:	
Full Customer Name:	
Address:	
Bill To Address:	
Ship To Address (this can be used for address for reports if different than addresses above):	
Contact Name and Phone #:	
Relate to the following Customer: (when the customer above requested will be making payments on behalf of another customer)	
Tax ID Number	

System Administration Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Major Group	Type of Customer	Please check one	Prime Federal Agency
Federal (must indicate prime federal agency)	Federal		
Foreign	Foreign		
NYS Gov't:  Public Gov't:	NYS authorities & Public Benefit Corporation		
	NYS Commissions & Centers		
	NYS Institutes & Programs		
	NYS Other		
	Other NYS Agencies		
	States (other than NYS)		
	Local (County, City, Town, Village/includes School districts)		
	Public Government Other		
Private	Business & Industry		
	Voluntary Health Org. (Health Care/Hospitals/Labs/Pharm)		
	Foundations (Philanthropic/foundations/Trusts/Mem/Endowments)		
	Professional/Business Associations		
	Private Other		
Colleges & Universities	Colleges & Universities		
Non-sponsored	Clinical Practice Plans		
	Conference		
	Corporate Funded		
	Other Project Support		
	Restricted Program Income		
	RF Funded		
	Royalty Revenue		
	Service & Facility		
	SUNY & SUNY Related Orgs (Staffing Services)		
	SUNY Cost Sharing		
	Unrestricted Program Income		