

# WAYNE STATE UNIVERSITY

## BANNER ACCOUNTS RECEIVABLE CUSTOMER REQUEST FORM

Date: \_\_\_\_\_

Check one:

New Customer

Customer Modification:

Banner ID: \_\_\_\_\_

SSN or Federal Tax No: \_\_\_\_\_

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Requested by: \_\_\_\_\_

Department: \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Submit to:** General Accounting  
4602 AAB

### For Accounting Use Only

Customer ID No. \_\_\_\_\_

Input by: \_\_\_\_\_ Date \_\_\_\_\_

A/R Customer Request