



Customer Setup or Update Request

Accounts Receivable

2500 University Drive NW
Calgary, AB
T2N 1N4
finance@ucalgary.ca

SECTION 1	Requestor Info
Date of Request:	Requested By:
Phone Number:	E-mail Address:

SECTION 2	Department Info
Department Name:	Faculty:

SECTION 3	Request Type
Existing PeopleSoft Customer Number:	

SECTION 4	Customer Information
Legal Name of Company/Organization:	
Requested Credit Limit:	
Tax Exemption Certificate Number (if applicable) - Proof Required:	

Section 5	Bill To (Accounts Payable) Information
Department or Division (if applicable):	
Street Address (1):	
Street Address (2):	
City:	Province/State:
Country:	Postal/Zip Code:
Accounts Payable E-mail Address:	
Accounts Payable Phone Number:	

Section 6	Customer Contact Information
Contact Name:	Contact Phone Number:
Contact E-mail Address:	

SECTION 7	Special Notes or Instructions

Accounts Receivable Office Use Only	
Date Request Received:	Request Approved By:
Date Request Approved:	