



TEXAS A&M UNIVERSITY
Texas A&M University Press

CUSTOMER INFORMATION

Company Name _____

Billing Address _____

City _____ State _____ Zip _____ Phone _____

Shipping Address (if different) _____

City _____ State _____ Zip _____ Phone _____

Contact _____ Title _____

Type of Ownership Corporation Partners Individual

Years in Business _____ Fax # _____ Federal ID # - _ - _ - _ - _ - _ -

Type of Account requested: **Returnable** _____ **Non-Returnable** _____

Texas state applicants. Please send a copy of your tax exempt certificate or resale certificate.

Note: Tax will be assessed unless exempt certificate is included.

A FEE WILL BE APPLIED TO ALL RETURNED CHECKS.

PRIVACY NOTICE:

State Law requires that you be informed of the following: (1) You are entitled to request to be informed about yourself collected by use of this form (with a few exceptions as provided by law); (2) You are entitled to receive and review the information; and (3) You are entitled to have the information corrected at no charge to you.

SIGNATURE

TITLE

DATE



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