



Auxiliary Customer Add/Update Request

INSTRUCTIONS: Please fill out all fields as indicated for each section. An asterisk (*) designates a mandatory field. Submit electronically via email using the "Email Form" button below. Paper forms are not accepted.

Section 1. Customer Basics

* Is this change to an existing customer? If "Yes", please provide OMNI Customer ID:

* Customer's Legal Name: Other names used by customer:
Please provide legal name; for example, Florida State University *Please list other names used by the customer; for example, FSU or Florida State*

* Customer Group Component Unit (e.g., Research Foundation, Seminole Boosters) External (An entity not associated in any way with FSU is providing payment; for example, Tallahassee Ballet, ESPN, John Smith)
 Research Account # (If applicable):

Customer Type: Commercial Consumer Federal State Local Government Non-Profit Non-FSU University Faculty/Staff Student

Internal (An FSU Department; note - typically, internal customers will be populated/updated systematically and action is not usually required)

Section 2. Customer Address Information

* Address Description: (e.g., "Main" or "Tallahassee Branch")

* Address Line 1: Address Line 2: Address Line 3:

* City: * State: * Zip (Postal) Code: Country (if not U.S.A.):

Section 3. Customer Contact Information

* Primary Contact Name: * Primary Contact Title:

Provide one primary contact who should receive correspondence related to the customer's account. For external customers, this should be an individual employed by the organization (not a Florida State employee). For component unit customers, this should be the individual responsible for handling disbursements on the funding source and this may be a Florida State employee. The only acceptable alternative to an individual name (e.g, John Doe) here is "Accounts Payable Department" and should only be used with an official accounts payable e-mail address below.

* Primary Contact E-Mail Address: * Primary Contact Phone: Ext.

Section 4. Preparer's Information

* Preparer's Name: * Preparer's Title: * Preparer's Department Name:

Additional Comments Regarding Customer: