



**BOISE STATE UNIVERSITY**

UNIVERSITY FINANCIAL SERVICES

## Accounts Receivable Customer Form

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

Organization/Customer Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Position: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

*\* If the billing address is not the organization/customer's physical address, please provide the physical address below. The physical address may not be a P.O. Box.*

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_