
How do you prefer to receive your invoice?

**** PLEASE DO NOT SEND YOUR SAMPLE WITH PAYMENT. THE REMIT TO IS DIFFERENT****

Email

US Mail

Fax

Customer Information:

Customer/Company Name: (First, Middle, Last): _____

Federal ID Number OR Social Security Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Contact: _____ Email: _____

Phone: _____ Fax: _____

Customer Representative Signature: _____

Ranch Name: _____ Date: _____

This form must be completed in order to extend credit and allow our customers to pay for goods/services at a later date. PAST DUE INVOICES ARE SUBJECT TO BEING REPORTED TO THE STATE COMPTROLLER AND/OR A COLLECTION AGENCY. 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 the information about yourself collected by use of this form (with a few exceptions as provide by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

Unless otherwise instructed, please send completed forms according to the methods below:

EXTERNAL CUSTOMERS

Address: Grazingland Animal Nutrition Lab

Attention: Taylor Winkler

495 Horticulture Rd. Room 325, TAMU 2138

College Station , TX 77843-2138

Fax: (254) 774-6001 **Email:** ganlab@agnet.tamu.edu

For fiscal office use only:

Sent to BAR: _____ **Date:** _____

Scanned initials: _____ Date: _____ AgriLife Assigned Customer Number: _____