

**Materials Management**  
**Scientific Alley**  
**The Self-Service Research Store**  
**The University of Texas Medical Branch at Galveston**  
**Basic Science Building-Basement Level**  
**Fax to: Materials Management / Ext 28386**

**CUSTOMER ACCOUNT CHANGE FORM**

DATE: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

USER'S NAME: \_\_\_\_\_

**\*SCIENTIFIC ALLEY CREDIT CARD NUMBER:** \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**\*UTMB ACCOUNT NUMBER:** \_\_\_\_\_  
(Account number on which all charges are to appear)

ACCOUNT NAME: \_\_\_\_\_

SOURCE OF FUNDS: \_\_\_\_\_  
STATE APPROPRIATION, GRANT, ETC.

**\*EXPIRATION DATE OF ACCOUNT:** \_\_\_\_\_

**\*DOLLAR AMOUNT TO BE ADDED TO CARD ACCOUNT:** \_\_\_\_\_  
ONCE CREDIT LIMIT HAS REACHED, PURCHASES WILL BE SUSPENDED UNTIL ADDITIONAL FUNDS ARE ALLOCATED  
IF ACCOUNT NUMBER CHANGES, REMAINING FUNDS IN OLD ACCOUNT ARE NOT TRANSFERABLE

**APPROVALS**

CHANGE REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
Print Name

AUTHORIZED ACCOUNT SIGNATURE \_\_\_\_\_ EXT \_\_\_\_\_

**MATERIALS MANAGEMENT USE ONLY**

CUSTOMER MASTER FILE CHANGE [ ]

RENEWAL OF FUND [ ]

NAME OF EMPLOYEE WHO ENTERED INFORMATION

DATE

12/18/01

Customer Account New Form SA.doc