

**Logistics Supply 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 INFORMATION AND CREDIT CARD REQUEST FORM

In order to process a request for a Credit Card for use in Scientific Alley, we must have the following information completed.

DATE _____ DEPARTMENT NAME _____

USER'S NAME _____
(Name to appear on the card)

DEPARTMENT ADDRESS _____
AND MAILING ROUTE NUMBER _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

UTMB ACCOUNT NUMBER _____
(Account number on which all charges are to appear)

ACCOUNT NAME _____
(State appropriation, grant, etc.)

SOURCE OF FUNDS _____

EXPIRATION DATE OF FUNDS _____

DOLLAR AMOUNT OF CREDIT _____

NO SALES ACCEPTED WITHOUT APPROVED CREDIT. ONE CREDIT CARD WILL BE ISSUED FOR EACH ACCOUNT. CREDIT CARD MUST BE PRESENTED WHEN MAKING A PURCHASE. BALANCE REMAINING IN ACCOUNT IS AVAILABLE AT ANY TIME. AT YOUR REQUEST, DEPARTMENT IS RESPONSIBLE FOR NOTIFYING MATERIAL MANAGEMENT OF LOST OR STOLEN CREDIT CARD. BY SIGNING THIS CREDIT REQUEST THE DEPARTMENT ACCEPTS FULL RESPONSIBILITY FOR THE CREDIT CARD ISSUED AND ALL CHARGES MADE WITH IT.

APPROVALS

ACCOUNT REQUESTED BY _____ DATE _____

APPROVED BY _____ DATE _____
Print Name

AUTHORIZED ACCOUNT SIGNATURE _____ EXT _____

MATERIALS MANAGEMENT USE ONLY

REQUEST REVIEWED AND APPROVED _____ DATE _____

NEW CUSTOMER []

RENEWAL OF FUNDS [] CUSTOMER NUMBER APPROVED _____

12/18/01
Customer Account New Form SA.doc