



University  
of Windsor

# Accounts Receivable AR05

## New Customer Request

**Purpose of Form:** Please use this form to create a new customer in the system for invoicing.

To: **ACCOUNTS RECEIVABLE DEPARTMENT**

From: **Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Extension:** \_\_\_\_\_ **Statement/Invoice Type:**    **Email**    **Print**

**Date:** \_\_\_\_\_

### NEW CUSTOMER INFORMATION:

> **E-MAIL and/or Telephone # are required.** If a Contact is not identified then Accounts Payable will be selected by default.

**Business Name:** \_\_\_\_\_

**Mailing Address:**

**Street:** \_\_\_\_\_

**Suite/ P.O. Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code/Zip Code:** \_\_\_\_\_

**Province/State:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone:** (\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Contact Type:**

Please submit New Customer form with your Invoice Request form to [arin@uwindsor.ca](mailto:arin@uwindsor.ca)

### ACCOUNTS RECEIVABLE DEPARTMENT USE ONLY

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_