

**UNIVERSITY OF TORONTO - ACCOUNTS RECEIVABLE CUSTOMER
ACCOUNT REQUEST FORM**

A. TO ESTABLISH CUSTOMER ACCOUNTS

Faculty: Department:
Contact: Phone Number:

B. CUSTOMER INFORMATION

Title: Name:
Street/City:
Province/Country/Postal code:
Contact information:
(Name, phone number)
Invoice frequency:
(Approximately)
Email address

C. STATEMENT OF RESPONSIBILITY

This is to acknowledge that the Division/Department will assume full responsibility for the accounts. Any unpaid invoices will be charged back to the Department's operating account(s) or eligible trust fund account(s).

I hereby acknowledge and accept the terms stated above.

Principal, Dean, Academic Director or Chair:

Signature

Printed Name and Title

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D. FINANCIAL SERVICES DEPARTMENT

Approval:

Manager/Supervisor, Financial Services

ASSIGNED CUSTOMER NUMBER: _____

If declined, reason: _____

Fax completed form to Financial Services Department at 416-978-5572