



## Auxiliary Customer Add/Update Request

**INSTRUCTIONS:** Please fill out all fields as indicated for each section. An asterisk (\*) designates a mandatory field. Submit electronically via email using the "Email Form" button below. Paper forms are not accepted.

### Section 1. Customer Basics

\* Is this change to an existing customer?  If "Yes", please provide OMNI Customer ID:

\* Customer's Legal Name:  Other names used by customer:   
*Please provide legal name; for example, Florida State University* *Please list other names used by the customer; for example, FSU or Florida State*

\* Customer Group  Component Unit (e.g., Research Foundation, Seminole Boosters) Research Account # (If applicable):   
 External (An entity not associated in any way with FSU is providing payment; for example, Tallahassee Ballet, ESPN, John Smith)  
 | Customer Type:  Commercial  Consumer  Federal  State  Local Government  Non-Profit  Non-FSU University  Faculty/Staff  Student  
 Internal (An FSU Department; note - typically, internal customers will be populated/updated systematically and action is not usually required)

### Section 2. Customer Address Information

\* Address Description:  (e.g., "Main" or "Tallahassee Branch")

\* Address Line 1:  Address Line 2:  Address Line 3:

\* City:  \* State:  \* Zip (Postal) Code:  Country (if not U.S.A.):

### Section 3. Customer Contact Information

\* Primary Contact Name:  \* Primary Contact Title:

*Provide one primary contact who should receive correspondence related to the customer's account. For external customers, this should be an individual employed by the organization (not a Florida State employee). For component unit customers, this should be the individual responsible for handling disbursements on the funding source and this may be a Florida State employee. The only acceptable alternative to an individual name (e.g, John Doe) here is "Accounts Payable Department" and should only be used with an official accounts payable e-mail address below.*

\* Primary Contact E-Mail Address:  \* Primary Contact Phone:  Ext.

### Section 4. Preparer's Information

\* Preparer's Name:  \* Preparer's Title:  \* Preparer's Department Name:

Additional Comments Regarding Customer: