



Customer Maintenance Form

Please complete this form for adding new customers or updating customer profiles in DIFS. Before requesting the creation of a new customer, please check DIFS to prevent duplicating customers in the system.

1. Requestor Information	
Date of Request*	
Requestor Details*	
Name	
Phone Number	
Email	
Requesting Agency*	

2. Customer Information		New	Update
Customer Name*		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Taxpayer ID*		<input type="checkbox"/>	<input type="checkbox"/>
Customer Type *	<input type="checkbox"/> Individual <input type="checkbox"/> Organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Customer Classification*: (Choose <u>only</u> one)	<input type="checkbox"/> Commercial <input type="checkbox"/> Component Unit <input type="checkbox"/> Educational Institution <input type="checkbox"/> Federal Department/Agency <input type="checkbox"/> Interagency (DC Gov Agency) <input type="checkbox"/> State/Local Jurisdiction <input type="checkbox"/> Other Related Entities <input type="checkbox"/> Sponsor (Grant Sponsor) <input type="checkbox"/> Utilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Address Information*	Additional address additions are located on page 2.	<input type="checkbox"/>	<input type="checkbox"/>
Address		<input checked="" type="checkbox"/>	<input type="checkbox"/>
City		<input checked="" type="checkbox"/>	<input type="checkbox"/>
State		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Zip Code		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Site	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Purpose	<input type="checkbox"/> Bill-To Site <input type="checkbox"/> Ship-To Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Customer Contact Information		New	Update
Name*		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phone Number*		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Email		<input type="checkbox"/>	<input type="checkbox"/>
Primary Contact		<input type="checkbox"/>	<input type="checkbox"/>
Contact Preference	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail	<input type="checkbox"/>	<input type="checkbox"/>

4. Additional Information		New	Update
Do you send dunning letters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Payment Terms	<input type="checkbox"/> 30 Net <input type="checkbox"/> 45 Net Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>
ACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
ACH Details			
Name on the Account		<input type="checkbox"/>	<input type="checkbox"/>
Bank Name		<input type="checkbox"/>	<input type="checkbox"/>
Routing Number		<input type="checkbox"/>	<input type="checkbox"/>
Accounting Number		<input type="checkbox"/>	<input type="checkbox"/>

Additional Address Information 1		<input type="checkbox"/>	<input type="checkbox"/>
Address		<input type="checkbox"/>	<input type="checkbox"/>
City		<input type="checkbox"/>	<input type="checkbox"/>
State		<input type="checkbox"/>	<input type="checkbox"/>
Zip Code		<input type="checkbox"/>	<input type="checkbox"/>
Additional Address Information 2		<input type="checkbox"/>	<input type="checkbox"/>
Address		<input type="checkbox"/>	<input type="checkbox"/>
City		<input type="checkbox"/>	<input type="checkbox"/>

State		<input type="checkbox"/>	<input type="checkbox"/>
Zip Code		<input type="checkbox"/>	<input type="checkbox"/>
Additional Address Information 3		<input type="checkbox"/>	<input type="checkbox"/>
Address		<input type="checkbox"/>	<input type="checkbox"/>
City		<input type="checkbox"/>	<input type="checkbox"/>
State		<input type="checkbox"/>	<input type="checkbox"/>
Zip Code		<input type="checkbox"/>	<input type="checkbox"/>
Additional Address Information 4		<input type="checkbox"/>	<input type="checkbox"/>
Address		<input type="checkbox"/>	<input type="checkbox"/>
City		<input type="checkbox"/>	<input type="checkbox"/>
State		<input type="checkbox"/>	<input type="checkbox"/>
Zip Code		<input type="checkbox"/>	<input type="checkbox"/>
Additional Address Information 5		<input type="checkbox"/>	<input type="checkbox"/>
Address		<input type="checkbox"/>	<input type="checkbox"/>
City		<input type="checkbox"/>	<input type="checkbox"/>
State		<input type="checkbox"/>	<input type="checkbox"/>
Zip Code		<input type="checkbox"/>	<input type="checkbox"/>

Reviewed By:	
Date of Completion*	
Name*	
Phone Number*	
Email*	

Completed By: (DIFS Support Center Use Only)	
Date of Processing*	<i>Enter Today's Date</i>
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected: Reason
Name*	
Phone Number*	
Email*	

*Designates a required field.