



MISSISSIPPI STATE UNIVERSITY

CUSTOMER IDENTIFICATION FORM

EXTENSION

PLEASE NOTE: Before this form may be accepted, you must submit verification of your social security number if an individual account or a federal tax identification number if a company, agency, or business.

New Account _____ Established Account Change _____

Taxpayer Identification Number (TIN): Social Security Number _____ OR
Employer Identification Number _____

Company or Individual Name _____

Mailing Address _____

Billing Address _____
(if different from above)

Telephone Number _____ Daytime
_____ Evening (if applicable)

Fax Number _____

Company or Individual Status (check one of the following that best describes you or your business)

- | | |
|----------------------------|---------------------------------------|
| Small Business _____ | Association, Club, Organization _____ |
| Minority Business _____ | Government Agency _____ |
| Corporation _____ | MSU Student _____ |
| MSU Faculty or Staff _____ | Individual _____ |

I understand that I am subject to the terms and conditions of the MSU Central Accounts Receivable System, including but not limited to the following:

- Accounts are billed on a monthly basis.
- Past due balances are subject to a 1.5% service charge assessment.
- Past due balances are subject to collection efforts, including but not limited to payroll deduction, suspension or termination of services, and external collection efforts.
- Returned checks subject to maximum penalties allowed by law.

Name of Person Completing Form _____

Signature _____

Title _____

Date _____

Thank you for your cooperation. We look forward to serving your needs. Please return this form as soon as possible to Mississippi State University Extension Service:

For soil or plant nutrient content and fertility recommendation to:	OR	For nematode and disease analysis to:
Soil Testing Laboratory		Nematology and Plant Pathology Laboratory
Box 9610		Box 9612
Mississippi State, MS 39762		Mississippi State, MS 39762