northumbria UNIVERSITY

Customer Master Reference

Customer Master Input – New Customer /Amendment to Existing Customer *(Please delete as appropriate)*

Originator ..... Ext Number ..... Date .....
(Please print name)

Authorisation by Head of Department

Name ..... **Title** ..... **Date** .....

1. DMT Catergory
   COM - Company (not sponsor)
   FRA - Franchise Partner
   SPO - Sponsor
2. Customer Name
3. Street
4. City
5. District
6. Postal Code
7. PO Box
8. PO Box / Zip Code
9. Country
10. Telephone Number
11. Fax Number
12. VAT Reg Number
13. Contact Name

THE FOLLOWING QUESTIONS MUST BE ANSWERED

NEW CUSTOMER ONLY

Brief description of goods/services/value provided: .....

.....

i) Is this a Temporary Customer (i.e. no other transaction anticipated)? YES / NO

ii) Has the System been checked to see if the new Customer is already on the System? YES / NO

PLEASE COMPLETE AND FAX TO 0191 227 3890