



**Department of Finance & Administration
Office of Accounting**

CUSTOMER MASTER RECORD REQUEST - FORM FI0011

New Change If Change, enter existing Customer No. _____
Customer Group: Standard Customer or State Agency

GENERAL DATA - ADDRESS

Customer Name: _____
Search Term: _____
Street Name: _____ Street Number: _____
Street Address 2: _____
City: _____ State (Region): _____
Zip Code: _____
P.O. Box: _____ P.O. Zip Code: _____
Telephone: _____ Ext. _____
Fax: _____ Ext. _____
Email: _____

GENERAL DATA - CONTROL DATA

Tax Code 1: _____

GENERAL DATA - CONTACT PERSONS

Name: _____
Telephone: _____ Ext. _____
Department: _____

COMPANY CODE DATA - ACCOUNT MANAGEMENT

Reconciliation Acct: _____
Sort Key: _____

COMPANY CODE DATA - PAYMENT TRANSACTIONS

Terms of Payment: _____

COMPANY CODE DATA - ACCOUNT MANAGEMENT

Bank Statement: _____
Dunning Procedure: _____

REQUEST SUBMITTED BY:

Name: _____
Agency: _____
Telephone: _____
Fax: _____
Email: _____

FOR DFA USE ONLY: Customer Number: _____

Remit Form to:

Office of Accounting, P. O. Box 3278, 1509 W 7th, Room 403, Little Rock, AR 72203
E-Mail: DFA.OA.MstrDataMain@dfa.arkansas.gov Fax: (501) 683-0823 Telephone: (501) 682-1675