



FACILITIES & SERVICES

EXTERNAL CUSTOMER ACCOUNT REQUEST / CHANGE FORM

NOTE: This document authorizes University of Toronto, Facilities & Services Division to charge the Customer for goods & services provided.

D	D	M	M	Y	Y	

Finance & Administration

Request for: **New Customer A/C**

Facilities and Services Department

University of Toronto

255 McCaul Street, Level 4, Toronto, ON, M5T 1W7

T/P: (416) 946-5985. Fax: (416) 978-3920

Email: arfacilities.services@utoronto.ca

Change to A/C Info (Enter the existing customer # below)

Customer Number:

CUSTOMER INFORMATION (For A/C Changes, please enter the revised information)

Account Name: _____
(Enter Name of Organization)

Department: _____
(Enter Department Name)

Contact Person: _____

Address: _____
(Room # & Street Address)

(City) _____ (Province) _____ (Postal Code) _____

Telephone: (_____) _____ **Fax:** (_____) _____ **Email:** _____

AUTHORIZED APPROVAL BY CUSTOMER

Name of Authorized Person	Title	Signature

AUTHORIZED APPROVAL BY UoT FACILITIES & SERVICES DIVISION

Name of Authorized Person	Title	Signature