

Customer Activity Form



DATE: _____ Request for New Customer
FROM: _____ Make Customer INACTIVE
DEPT: _____ Change of Customer Address
EXT: _____ Other _____

Salem State Collector Requestor: _____

Customer: _____

Customer Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Billing Address: _____

(If different)

City: _____ State: _____ Zip _____

Contact Name: _____

Authorized Signature

Date

Please remit form to Debra Sutherland, General Accounting

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For questions contact General Accounting at ext. 8314