|  |  |  |  |
| --- | --- | --- | --- |
| **Request Type** | Choose an item. | **If Request Type is Change, enter existing Customer No.** |       |
| **Customer** |
| Customer Type: | Choose an item.  |
| Customer Name: |       |
| Address: |       |
| City: |       | State: |    | Zip Code: |       |
| P.O. Box: |       | P.O. Zip Code: |       |
| Telephone: |       | Ext.: |       | Fax: |       |
| Email: |       |
| **Marketing** |
| Customer Class: | Choose an item. | Industry Code: | Choose an item. |
| **Grant Customers Only:** |
| Grant Type: | Choose an item. | Fiscal Yr Variant: | Choose an item. |
| **Customer Contact** |
| Name: |       | Department: | Choose an item. |
| Email: |       | Telephone: |       |
| **Requested by** |
| Name: |       | Telephone: |       |
| Email: |       | Date: |       |
| **Approved by** |
| Name: |       | Telephone: |       |
| Email: |       | Date: |       |

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| --- | --- | --- | --- |
| Signature: |  |  |  |

 *\*Signature is not required if form is emailed from the authorized approver.*

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| --- | --- |
| **Return Approved Forms To:** | DOA-LAGOV-ISG@la.govFax: 225-219-6754 |
|  |  |
| **Questions:**  | Call: 225-342-2766 |
|  |  |

**CUSTOMER MASTER RECORD REQUEST INSTRUCTIONS**

|  |  |
| --- | --- |
| REQUEST TYPE | **New Customer** – Select when adding a **new** Customer account that does not exist in SAP.**Change Customer** – Select when changing an **existing** Customer account in SAP. |
| IF REQUEST TYPE IS CHANGE  | Field length (8). Numeric. Enter the existing Customer number that needs to be changed. |
| CUSTOMER TYPE | Select Customer Type:* **REGULAR CUSTOMER**
* **GRANT CUSTOMER**
* **REAL ESTATE CUSTOMER**
 |
| CUSTOMER | Enter the customer’s **name**, **physical** **address, post office box (if applicable), telephone number, fax number, and email address.** |
| CUSTOMER CLASS | Select Customer Class for requested customer account:* **01 PRIVATE**
* **02 PUBLIC**
 |
| INDUSTRY CODE | Select Industry Code for requested customer account:* **1072 PARISH GOVERNMENT**
* **1073 CITY GOVERNMENT**
* **1074 FEDERAL GOVERNMENT**
* **1230 STATE AGENCY**
* **1240 COLLEGE & UNIVERSITY**
* **1170 OTHER**
 |
| CUSTOMER CONTACT | Enter customer contact **name**, **telephone number**, **email address**, and select appropriate department from:* **MANAGING DIRECTOR**
* **PURCHASING**
* **SALES**
* **ORGANIZATION**
* **ADMINISTRATION**
* **PRODUCTION**
* **QUALITY ASSURANCE**
* **SECRETARIES**
* **FINANCIAL DEPARTMENT**
* **LEGAL DEPARTMENT**
 |
| REQUESTED BY | Enter the name, telephone number, and email address of the person preparing this form; enter the date the form is being prepared.  |
| APPROVED BY | Enter the name, telephone number, and email address of the person approving this form; enter the date the form is being approved.  |
| RETURN | Return approver signed forms via email or fax to the ISG. Signature is not required if form is emailed directly from the authorized approver.  |