|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | |  | | | |

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

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

|  |  |  |
| --- | --- | --- |
| **Return Approved Forms To:** | | [DOA-LAGOV-ISG@la.gov](mailto:DOA-LAGOV-ISG@la.gov)  Fax: 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. |