

United States Department of Agriculture

Agricultural Marketing Service

Science and Technology Program, National Science Laboratories Request for Customer Information

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to						Check One:					
respond to, a collection of information unless it displays a valid OMB control number. This valid OMB control number for this collection is 0581-xxxx. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.						New Customer					
						Update Existing Customer Acct#					
The following statements are made in accordance with the Privacy Act of 1974 (U.S.C.522a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat.31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program.						Type of Business (Check All That Apply):					
						Small Business Women-Owned					
						Veteran-Owned Minority-Owned					
Customer Name (As registered with the IRS)						Federal Tax ID Number*					
Doing Business As (If applicable)											
Billing Address Line 1	Physica	Physical Address Line 1									
Billing Address Line 2				Physical Address Line 2							
City	State	Zip Code +	4 City	,			5	State	Zip C	ode + 4	
Country				Country							
Account Contact:				Account Contact Phone:							
Account Contact E-mail:				Account Contact Fax:							
Remarks:											
In accordance with Federal civil rights law and U.S administering USDA programs are prohibited from family/parental status, income derived from a publ	discriminating based on ic assistance program, po	race, color, national litical beliefs, or rep	origin, religion, sex, gend	ler identity	(including gen	der expres	ssion), sexua	al orientation, dis	sability, age,	, marital status,	
apply to all programs). Remedies and complaint f	• • • • •	•									
Persons with disabilities who require alternative m TARGET Center at (202) 720-2600 (voice and TT											
To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.											
USDA is an equal opportunity provider, employer,	and lender.										
Customer Signature							Date:				
Customer Phone: Customer Fax:				Custo	mer E-Ma	ail:					
Submit Completed Form to:	National Science L	aboratories (N	ISL)		PHONE	E: 704-	867-3873	3			
801 Summit Crossing Place, Ste. B				FAX: 855-296-							
Gastonia, NC 28054 Email: NationalScienceLaboratories@									ories@1	ısda.gov	
* For U.S. Customers only. This is the	e Corporate Tax ID	number unless	the Customer is ar	n individu	ual, then th	ne Socia	I Security	Number is	required.		
TO BE COMPLETED BY AMS PROGRAM OFFICE											
eceived By Date Received Processed By		d By		Date Processed			Provide Customer Access to Electronic Systems				
AMS Suptom	Votom Customer N		intomor Number	Cuete		Solar	Office		-	stems	
AMS System AMS S	ystem Customer N			Custor	ner Type	Sales	Unice	Type of Bi CO	-	Monthly	
FORM# (Reproduce locally)		I		1		1		1			