

CITY OF WINCHESTER NEW CUSTOMER REGISTRATION FORM FOR ACCOUNTS RECEIVABLE

Please complete this form and return to the Finance Department in order that all new customers may be input in the HTE Accounts Receivable System and new AR's can be processed.

Department Information:

Date: _____

Department: _____

Director/Agency Head Signature: _____

New Customer Information:

Complete the following New Customer Information.

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: (____) _____ - _____

Accounts Receivable Information:

Revenue Code: _____

Purpose of Billing: _____

Finance Department Use Only:

Date input: _____ by: _____