

CUSTOMER ACCOUNT NUMBER (CAN) REQUEST

AFS-94A (Rev.10/02)

INSTRUCTIONS

A - Adds. Columns 1,3,4 are required

M - Modification in unit name and /or address. Columns 1,2,4 are required

I - To inactivate. Columns are 1,2,4 required. (Include a Reference CAN)

<p>MAIL TO: DEPARTMENT OF GENERAL SERVICES OFFICE OF FISCIAL SERVICES Z - 1 707 3RD STREET, 10TH FLOOR WEST SACRAMENTO, CA 95605 FAX - (916) 376-5165 E-mail: SRFFiscalServices@dgs.ca.gov</p>	<p>FROM:</p>
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(1)	ACTION Circle A, M, or I	CUSTOMER ACCOUNT NUMBER (CAN)	(4)	BILL TO ADDRESS		
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">(2) CURRENT</td> <td style="width:50%; vertical-align: top;">(3) NEW <small>NUMBER WILL BE ASSIGNED WHEN FORM IS RETURNED</small></td> </tr> </table>	(2) CURRENT	(3) NEW <small>NUMBER WILL BE ASSIGNED WHEN FORM IS RETURNED</small>	LIMIT:	5 LINES-25 CHARACTERS MAX. EACH LINE
(2) CURRENT	(3) NEW <small>NUMBER WILL BE ASSIGNED WHEN FORM IS RETURNED</small>					
	A, M, or I			Agency Name : (1) _____ Unit Name : (2) _____ Address : (3) _____ (4) _____ (5) _____ City _____ State _____ Zip _____ Interagency Messenger Service Code (IMS) : _____ Check ONLY 1 of the following boxes that best describes your organization: <input type="checkbox"/> State Government <input type="checkbox"/> Private Entity <input type="checkbox"/> School District (Public, Private Schools & Superintendents) <input type="checkbox"/> Local Government (Counties, Cities, Other States, & Districts) <input type="checkbox"/> Federal Government		
TO BE COMPLETED BY STATE AGENCY REQUESTING CHANGE FOR ELECTRONIC FUND TRANSFER PAYMENT ONLY:						
CONTROLLERS ACCOUNT #: _____						

Print name of requesting person:	Title	Date
Approved by:	Title	Date

ADDRESS

E-Mail Address	Fax Number	Phone Number
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1. Fill out the appropriate columns and return this form to the Office of Fiscal Services at the above address. If the form is in by the 18th workday, the Customer Account Number will be valid for use on the 1st workday of the following month.
2. After you have obtained a Customer Account Number, and if you plan to order from Procurement/Material Services Warehouse via a Supply Order (STD 116), please contact them at (916) 574-2200 Calnet 8-481-2200 to establish a Delivery Address Code.
3. Customer Account Numbers information is available in our web site: www.ofs.dgs.ca.gov. For questions/inquiries, contact DGS Accounting Office at SRFFiscalServices@dgs.ca.gov