

## Instructions for AD-2047

### ***CUSTOMER DATA WORKSHEET REQUEST FOR BUSINESS PARTNER RECORD CHANGE***

Customers use this form to request additions/changes to their customer record. Submit the original of the completed form in hard copy or facsimile to the appropriate FSA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

***Customers must complete Items 1A through 4C and Items 7 through 8C.***

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1A Customer's Full Name or Business Name	Enter customer's full name exactly as it appears on SSN card, or business name exactly as it appears on IRS EIN documentation.
1B Customer or Business Address	Enter customer's mailing address, including Zip Code.
1C Home Telephone Number	Enter customer's home telephone number, including area code, if applicable.
1D Business Telephone Number	Enter customer's business telephone number, including area code, if applicable.
1E Other Telephone Number	Enter customer's other telephone number, including area code, if applicable. I.E. Mobile, Barn, etc.
2 SSN or Tax ID Number	Enter customer's 9-Digit TIN, if applicable.
3 E-Mail Address	Enter customer's e-mail address, if applicable.
4A	Check "YES" to receive mail by USPS. Check "NO" to NOT receive mail by

<b>Fld Name / Item No.</b>	<b>Instruction</b>
Does the customer want to receive mail by USPS	USPS. Note: Some program specific information may be sent through USPS even if “NO” is checked.
4B Does the customer want to receive e-mails via GovDelivery	Check “YES” to receive e-mails through GovDelivery. Check “NO” to NOT receive e-mails through GovDelivery. Note: GovDelivery e-mails contain basic program information and DO NOT contain sensitive customer specific information.
4C Does the customer want to receive sensitive (but non-PII) Producer or Farm Specific related emails	Check “YES” to receive sensitive (non-personal information) customer or farm specific related e-mails. Check “NO” to NOT receive sensitive (non-personal information) customer or farm specific related e-mails. Note: Sensitive e-mails include things such as NAP continuous coverage letters, NAP premium billing information, acreage report information, etc.

*Items 5 and 6 are for FSA use only.*

<b>Fld Name / Item No.</b>	<b>Instruction</b>
7 Reason for Request	Check the reason for requesting an additional/change on the AD-2047. If other is checked, specify the reason.
8A Name of Customer Requesting Change	Enter the name of the customer requesting the addition/change.
8B Customer Signature	The customer requesting the change shall sign the form.
8C Date of Record Change	Enter the date the customer requesting the change signed the form.

*Items 9A through 13E are for FSA use only.*