### **INSTRUCTIONS:**

**Completed forms must be saved and submitted in PDF FORMAT.  
Please Note:** **All accounts will be set up as a UPS Smart Pickup® account type, which will automatically request pick ups when labels are created online.**

Contact Information

Your nameClick here to enter text.

Clinic Email AddressClick here to enter text.

**Account Name Format:** CLINICS 🡪 FKC.(DL ID).(Facility Name) Ex: “FKC.1130.Tampa” or “FKC.1492.East Orlando”

|  |
| --- |
| Clinic # ######Or N/A |
| Cost Center *MANDATORY! Please include all 8 digits.*Click here to enter text. |
| Account Name: (Determines what appears on **UPS Invoice Only**. See formatting requirements above.) |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Physical Address: | [Validate Address Here](https://tools.usps.com/go/ZipLookupAction!input.action)  *Please validate the exact address with the USPS to avoid address correction fees!* | | |
| Address Line 1 | Click here to enter text. | | |
| Address Line 2 | Click here to enter text. | | |
| City | Click here to enter text. | | |
| State (abbr.) | Click here to enter text. | Zip Code | Click here to enter text. |
| Country | Click here to enter text. | | |
| Phone: | Click here to enter text. | Fax: | Click here to enter text. |

Days and Hours of Operation OF Location Above: Please check days open and add hours accordingly   
to ensure pickups are made by UPS drivers on correct days and times.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Sun | Click here to enter text. |  | Thu | Click here to enter text. |
|  | Mon | Click here to enter text. |  | Fri | Click here to enter text. |
|  | Tue | Click here to enter text. |  | Sat | Click here to enter text. |
|  | Wed | Click here to enter text. |

Operating Group **(assigns account’s invoicing to correct UPS “Consolidated Payment Plan”):**   
Please check the appropriate Billing Group or Business Unit to ensure charges are invoiced and paid correctly.

|  |  |  |  |
| --- | --- | --- | --- |
| **FKC Operating Group / FMCNA Business Unit** | **CPP** | **FKC Operating Group / FMCNA Business Unit** | **CPP** |
| Mid-Atlantic | 3607AJ | RRI | 3607AZ |
| Capital Lakes | 3607AJ | Puerto Rico | 3607BL |
| Azura (Vascular) | 0248QN | West | 3607AL |
| Northeast | 3607AI | Great Plains | 3607CB |
| Southeast | 3607AI | Midwest | 3607AI |
| Gulf Coast | 3607AI | FMCPS | 0743CB |
| FKC Corporate | 3607BI | RTG/RPD | 0741MK |
| FMCNA Corporate: Specify Department | | | |
| Other (please specify below) | |  | |

Additional Comments or Explanation Click here to enter text.