### **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%21input.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.