| the logo for UW-Madison eCommerece marketplace | **Account Set-up or Revision Request**Please print out and sign by hand. Then fax, or scan and email.FAX: (608) 497-4424; Email: ShopUW@bussvc.wisc.eduShop@UW UW-Madison, 1061 Thousand Oaks Trail, Verona, WI 55953Customer Service Phone: (608) 497-4400 or toll free (800) 662-1727  |
| --- | --- |

| [ ] New Account | [ ] Existing Account | For existing account, type account number: | MD      |
| --- | --- | --- | --- |

| **Primary Account Contact**Enter the default shipping address. The Primary Account Contact will have password access to the account. |
| --- |
| First Name |       | Last Name |       |
| Institution and Department Name | UW – Green Bay  |
| Address 1: Mail Code (example: ATS) |       |
| Address 2: Street Address  | 2420 Nicolet Drive |
| City | Green Bay  | State | WI | ZIP | 54311 |
| Phone |       | FAX |       | Email |       |

| **Financial Contact**The Financial Contact is the person who can answer funding questions on the account. |
| --- |
| First Name |       | Last Name |       |
| Institution and Department Name |       |
| Address 1: Mail Code (example: ATS) |       |
| Address 2: Street Address  | 2420 Nicolet Drive |
| City | Green Bay | State | WI | ZIP | 54 |
| Phone |       | FAX |       | Email |       |

| **Pre-Posting Allocation Tool (PAT) Authorization** Provide the name of a person who will have authorization to use PAT. |
| --- |
| First Name |       | Last Name |       |
| Phone |       | Net ID |       | Email |       |

| **University of Wisconsin Shared Financial System Funding (SFS)** |
| --- |
| Fund (SFS)(enter 3 digits)    | Project Grant (if any)(enter 7 characters)      | Unit(enter 1 character)  | Department ID(enter 6 digits)      | Program(enter 1 digit)  | Account(enter 4 digits)     |
| Funding Start Date:       | Funding End Date:       |

| **Signatures for New Accounts require both department and division level signature** (Dean or Director)**.****Changes to existing accounts require only departmental signature** (Chair)**.** |
| --- |
| Department Signature |  | Date |       |
| Name, typed |       |  |
| Division Signature |  | Date |       |
| Name, typed |       |  |

| **Special Requests** |
| --- |
| [ ] Re-activate account | [ ] Inactivate account | [ ] Re-set password | [x] Add to Parent-Child account |
| [ ] Create additional shipping addresses (send on extra pages) | Parent Account Name: |       |
| [ ] This is a new primary contact person | [ ] This is a new financial contact person. | [ ] This is a new address, phones, etc. |
| [ ] Inactivate account and transfer daily cylinder rental charges to MD #      |
| [ ] Other (use extra pages if necessary):  |       |