| 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.edu](mailto:ShopUW@bussvc.wisc.edu)  Shop@UW UW-Madison, 1061 Thousand Oaks Trail, Verona, WI 55953  Customer 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 | | | 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): | |  | | | | | | |