| the logo for UW-Madison eCommerece marketplace | | **Account Set-up or Revision Request**  Please print out and sign by hand. Then send to:  Laura Gregory, Business Office, OM 206  Or email scanned form: [lgregor1@uwsuper.edu](mailto:lgregor1@uwsuper.edu)  Questions: (715) 394-8383 or  Contact Shop@UW Customer Service: (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 | | | | | |  | | | | | | | | |
| Room Number and Building Name | | | | | |  | | | | | | | | |
| Street Address | | | 801 N 28th St | | | | | | | | | | | |
| City | Superior | | | | | | | | State | | | WI | ZIP | 54880 |
| Phone |  | | | FAX |  | | | Email | |  | | | | |

| **Financial Contact**  The Financial Contact is the person who can answer funding questions on the account. | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | Laura | | | | | Last Name | | | | Gregory | | | |
| Institution and Department Name | | | | | | UW-Superior Financial Contact | | | | | | | | |
| Room Number and Building Name | | | | | | 206 Old Main | | | | | | | | |
| Street Address | | | 801 N 28th St | | | | | | | | | | | |
| City | Superior | | | | | | | | State | | | WI | ZIP | 54880 |
| Phone | 715-394-8383 | | | FAX | 715-394-8107 | | | Email | | [lgregor1@uwsuper.edu](mailto:lgregor1@uwsuper.edu) | | | | |

| **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)  M | | Department ID  (enter 6 digits) | Program  (enter 1 digit) | Account  (enter 4 digits)  3100 |
| 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): | |  | | | | | | |

A mandatory online training is required for Primary Account Contacts on ALL New Account Requests, Account Reactivations and Primary Contact Updates. The new training can be found at <https://uws.instructure.com/enroll/FFRKAA>