



You Must Complete Forms On-Line. Hand Written Forms will be Rejected!

e-Portal Web Orders and Distribution Services

SIGNATURE/ACCOUNT AUTHORIZATION AND MAINTENANCE FORM

Please Type in the following information for the employee who is authorized to sign for your department/division(s) account(s). Fax Completed Form Back to: 679-1218 or Mail to MC 2012

Date: _____ Department: _____
Division(s): _____
Mailing Address: _____ Bldg./Floor/Room # _____ Mail Code: MC _____ Fax #: _____
Hospital/Clinical Unit Only: ___ = In-Patient ___ = Out-Patient Other: _____

AUTHORIZED EMPLOYEE: Date: _____ Telephone: _____ Fax #: _____
Name (please type/print) _____ Signature _____
Title _____ Address: Building/Floor/Room # _____ Mail Code MC _____

AUTHORIZED BY: Do you want Invoicing and related paperwork sent to the Authorized by Employee? ___ Yes ___ No
Name (please type/print) _____ Signature _____ Date _____
Title _____ Address: Building/Floor/Room # _____ Mail Code _____ Telephone # _____

REQUEST: [] Update account information (e.g., Expiration Date, Ship-To Location)
[] Add new user and following accounts [] Delete following accounts
[] Add following accounts [] Delete user and associated accounts

AUTHORIZED FOR ACCOUNTS:
Table with columns: Ship-To #, Fund, Org, Program, Account, Expiration Date, Ship To Location

FOR MATERIALS MANAGEMENT OFFICE USE ONLY:
Date _____ Authorized Materials Management Signature _____