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UPS ACCOUNT VERIFICATION & AUTHORIZATION FORM

IN ORDER TO EXPEDITE THIS APPLICATION, PLEASE FILL THIS FORM OUT COMPLETELY AND ACCURATELY.

Date ___ / ___ / ___

CUSTOMER ID# _____

*UPS ACCOUNT # _____

Company Name: _____

DBA (if applicable) _____

Owners Name (s) _____

Purchasing Contact: _____

Mailing Address: _____

Shipping Address: _____

City, State, Zip _____

City, State, Zip _____

Telephone #1 (____) _____

Telephone #2 (____) _____

***IS THIS UPS ACCOUNT# THE RECEIVER OR THIRD PARTY BILLING:** _____

IF THIRD PARTY BILLING, PLEASE FILL IN THIRD PARTY BILLING INFORMATION BELOW:

Company Name: _____

DBA (if applicable) _____

Owners Name (s) _____

WHAT IS THIRD PARTY COMPANY RELATIONSHIP

Mailing Address: _____

WITH MIAMI UNIFORMS CUSTOMER (LISTED ABOVE):

City, State, Zip _____

Telephone #1 (____) _____

Third Party Authorized Signature: _____ **Date:** ___ / ___ / ___

Third Party Print Name: _____

I am providing Fashion Scrubs by Miami Uniforms the above UPS ACCOUNT # and authorize Fashion Scrubs by Miami Uniforms to keep my account number on file for future use. I am aware that I will still be paying the handling fees which currently is 1% of my order or \$1.00, whichever is greater.

In the event my account number should no longer be valid or the account is closed, I will inform Fashion Scrubs by Miami Uniforms. If my account # is closed or not valid, I am aware that my packages will be shipped using Fashion Scrubs by Miami Uniforms account number and I will be responsible for paying the freight= shipping plus handling issued by Fashion Scrubs by Miami Uniforms that will be reflected on my invoice.

I am aware that if any damages or loss incurs through the shipping carrier while using my account #, it is my responsibility to report this to the carrier and process any claim forms.

___ / ___ / ___

Authorized signature

Print Name

Date