



Additional Account Set-up Form

Person Submitting Form	Name	_____
	Email address	_____
	Telephone #	_____

Ship to Information	Building Name	_____
	Department	_____
	Attn: (Name)	_____
	Room Number	_____
	Street Address	_____
	City	_____
	State	_____
Zip	_____	

Bill to information	Name	University of Iowa
	Address 1	Accounts Payable 202 PCO
	Address 2	_____
	City	Iowa City
	State	IA
	Zip	52242

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Departments need to create a requisition for a blanket purchase order to pay for gas and cylinder rental.

Comments: Please share any additional contact information, special delivery or gas requirements pertinent for this account.

Praxair Internal	Branch	439
	Territory	456
	Salesman	436
	Submitted by & date	
	Entered by & date	
	Copy from acct #	
	Copy from Name	

If you are having trouble submitting this form with the submit form button, save the form to your computer and send to tara_uhnak@praxair.com