

# VA/FSS Wholesale Ordering Authorization Form

## Organization Information

Authorized FSS Organization: VA  DoD  Public Health Systems  Coast Guard  Other

If Other, Name Organization: \_\_\_\_\_

Medical Facility Name: \_\_\_\_\_ Facility Type:  In Patient  Out Patient

DEA No.: \_\_\_\_\_ GS1 Company Prefix.: \_\_\_\_\_

## Ship to Information

Ship to Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Ship to GLN#: \_\_\_\_\_ sGLN#: \_\_\_\_\_

Suite/Building/Floor/Mailstop: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

## Billing Information

Billing Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Bill to GLN #: \_\_\_\_\_ sGLN#: \_\_\_\_\_

Suite/Building/Floor/Mailstop: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Any orders placed with Foundation Care Distribution under this authorization will be governed by the terms and conditions of the Federal Supply Schedule (FSS) Agreement.

This FSS WHOLESALER order authorization is for use only where the product or products to be ordered from Foundation Care Distribution are subject to the FSS Agreement. For questions regarding this agreement, please contact Foundation Care Distribution Customer Support at **833.291.2773**.

## FSS Facility Representative Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**FoundCare.com**

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**Foundation Care**  
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