

## **Agent Account Set Up** Completed by: Agent

Submit to: Us.Customerservice@unitedorthopedic.com

**Principal Information** 

Name	Company Name	
Mobile Phone	Email Address	

## **Authorized Sub Reps**

Only those Sub reps listed here by Principal are authorized to sell United products on behalf of designated Agency. Please submit the form multiple times if not enough fields have been provided.

Name	Phone	Email

## FedEx Shipper Address Set up

List addresses for FedEx Shipper location set up. Include a shortcut name to identify multiple locations for shipping restock, for example shortcut abbreviation names us as "Home Office" or "Mercy Hsp" or "Fedex HFP Main". Please submit additional forms if more room is needed.

Example			
Shortcut Name	Home Office	Address	315 Main St, City, State, Zip
Attention	John Smith	Phone Number	555-555-5555
Email Shipping Confirmation To		johnsmith@email.com	
	T		
Shortcut Name		Address	
Attention		Phone Number	
Email Shipping C	Confirmation To		
Shortcut Name		Address	
Attention		Phone Number	
Email Shipping C	Confirmation To		
Shortcut Name		Address	
Attention		Phone Number	
Email Shipping C	Confirmation To		
Shortcut Name		Address	
Attention		Phone Number	

**Email Shipping Confirmation To**