

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: _____

DEA No.: _____ NPI No.: _____

Ship to Information

Ship to Name: _____ Attention: _____

Shipping Address: _____ Phone: _____

Suite/Building/Floor/Mailstop: _____ Fax: _____

City: _____ Email: _____

State: _____ Zip: _____ Contact Name: _____

Billing Information

Billing Name: _____ Attention: _____

Billing Address: _____ Phone: _____

Suite/Building/Floor/Mailstop: _____ 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: _____

Please email completed form to FCPiclusig@foundcare.com.

FoundCare.com

P: 833.291.2773 • F: 833.978.0054

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