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NEW YORK UNIVERSITY NEW/EXISTING ACCOUNT INFORMATION FORM

Please complete all the information below and fax it to New York University Mail Services at Washington Square at (212) 443-0397. Use this form to create a new account or link your existing account(s) to the NYU discounted rates. All new UPS accounts will receive a welcome kit within a few business days.

******* Please type or print clearly*******

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Create new account and link to UPS/NYU agreement

Existing account(s) _____
Please link to UPS/NYU (Please indicate your UPS account number(s) above)

School/Dept: **NYU-** _____
(Please indicate your department above)

*Building Name: _____

Address: _____ Room # _____

City _____ State _____ ZIP Code _____

Contact Name: _____

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Chartfield (Required): _____ - _____ - _____ - _____ - _____
Account Fund Org Program Project

***School of Medicine, please indicate your building name/code and your actual street address and room #, i.e.: Bellevue Hospital, 462 First Ave., NB, 1W3; Skirball Institute, 540 First Avenue, SK, 2-Lab-2; Tisch Hospital, 560 First Ave., TH, G-107; etc.**