PO Box 403 • Goldenrod, FL 32733 • p: 800.652.9203 • f: 407.641.9171

Service Location Setup Form

Name of Service Location: ______________________________

Address: ______________________________

City: ____________________ State: __________ Zip: __________

Contact Name: ____________________ Title: ____________________

Phone: ____________________ Fax: ____________________

Email for manifest notifications: ______________________________

Billing: Invoices will be sent via email only! Please provide AP contact & email below.

Contact Name: ____________________ Phone: ____________________

Email for invoices: ______________________________

Pickup Frequency: ____________________

	Monday	Tuesday	Wednesday	Thursday	Friday
Office Hours:	________	________	________	________	________
Lunch Hours:	________	________	________	________	________

Does your facility specialize in any of these highly infectious diseases? (Check all that apply):

COVID___ HIV___ HBV___ HCV___ Other (please specify) ____________

How soon would you like to start service? ______________________________

Comments: ______________________________

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