

Account Update Request Checklist

ParaGard^{T 380A}
intrauterine copper contraceptive

DIRECT

A program for ordering ParaGard[®] T 380A
(Intrauterine Copper Contraceptive)

PURPOSE: The purpose of the Account Update Request form is to make updates/changes to your Legal Account Information.

Required Fields (for the Fields Applicable):

☐ Legal Account Name

- If there is a change in your Legal Account Name, please complete this field.
 - If there is a change in Tax ID#, please contact ParaGardDirect at 877-ParaGard[®] (727-2427), option 1.

☐ Change Billing Address

- If there is a change to your bill to address, please complete this section.
 - If the address change is due new ownership, please contact ParagardDirect at 877-ParaGard[®] (727-2427), option 1.
 - If there is a change in Tax ID#, please contact ParaGardDirect at 877-PARAGARD, option 1.

☐ Change Shipping Address

- If there is a change to your shipping address, please complete this section.
- Indicate if the updated shipping address is 340B eligible. If yes, please provide the 340B ID#.
- Complete and submit along with the Account Update Request, a Letter of Affiliation and current, valid license /permit (Required).

☐ Signature (Required)

- The Account Update Request form must be signed by an authorized purchasing agent and/or officer of the company. Include the date and printed name and title of the authorized person signing the form.

Please fax completed form to 800-299-8332 or you may email the form to ParaGard@icsconnect.com.

If you have any questions regarding the Account Update Request form,
please call ParaGardDirect at 877-ParaGard[®] (727-2427), Option 1.

Account Update Request

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Legal Account Name: _____

ParaGardDirect Account Number: _____

☐ Change Legal Account Name

☐ Change Billing Address

Please complete the information requested in the section below.

Billing Address 1: _____

Billing Address 2: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Accounts Payable Contact: _____

Has account tax ID changed (i.e., is the change pursuant to a change of ownership)?

☐ Yes (Please contact Customer Service at (877) ParaGard[®] {Option1}) ☐ No

☐ Change Shipping Address

Please complete the information requested in the section below, complete Letter of Affiliation on the next page and submit current, valid license/permit.

Shipping Address 1: _____

Shipping Address 2: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Is the site 340B eligible? Yes 340B ID#: _____ ☐ No

Ordering Contact: _____

Special Delivery Instructions: _____

By my signature below, I indicate that as an authorized purchasing agent and/or officer of the company I authorize ParaGardDirect to make the account change(s) indicated above.

Signature: _____ Date: _____

Printed name and title: _____

Please fax completed form to 800-299-8332 or you may email the form to Paragard@icsconnect.com.

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