 

**Account Setup Request**

***Billing Information***

Department Name:

Professors Name:

Mailing Address:

Telephone:

Fax: Alt. Phone:

Contact Name/Email Address:

Department ID:

***Shipping Information***

Department Name:

Professors Name:

Address:

Building Name/#: Room#:

Telephone:

Fax: Alt. Phone:

Email Address:

Contact Name:

* Email to Robert Terrell at [Robert.terrell@airgas.com](mailto:Robert.terrell@airgas.com) Or fax it to Robert at 352-338-2814
* Any questions call Robert at the Gainesville Airgas location at 352-338-7508.