WITS 3 APPLICATION FORM

Thank you for choosing WITS 3! This application can be used to:
- Establish a WITS 3 Account
- Convert billing options (centralized to direct, or direct to centralized)
- Establish or change a Billing Account Code (BAC)
- Establish a new Location Group (LG)

Please complete the below form in its entirety. Typing your name into the Signature Block on this form constitutes a formal signature.

Upon completion of the form, please email the form to your GSA Account Management Representative.

After GSA assigns the BAC and/or LG, your GSA representative will forward your application to the appropriate vendor(s) for account establishment. You will be notified of your account and related information by the vendor(s).

If you need assistance with this application, please contact your GSA Account Management Representative directly or call (202) 708-7700 or email wits3.accounts@gsa.gov.

Instructions for DoD customers ONLY:
If you need to establish a new BAC or LG code, contact the JSP Service Desk at 703-571-4577, or via email at osd.pentagon.jsp.mbx.jsp-service-desk@mail.mil.

QUICK REFERENCE

CLIENT PROFILE INFORMATION

Agency (Include Bureau/Division):	
Billing Agency Bureau Code: *(Four-Digit numerical code assigned by the U.S. Department of Treasury)*	
Authorizing Official:	
Title:	
Street Address/Room/Floor:	
City/State/Zip Code:	
Email address:	

Phone Number:	Fax Number:
DAR Supervisor Name:	DARA Name:
DAR Supervisor Phone Number and Email Address:	DARA Phone Number and Email Address:
Signature: _____ (*Authorizing Official*)	**Date:**

Please complete the following only if you are establishing a new account.

Establish New WITS 3 Account *"Initial"* submission of a WITS 3 Application to the Vendor
GSA Revenue Management Division will assign Billing Account Codes (BAC)s

☐ Level 3   ☐ Verizon   ☐ Both Level 3 and Verizon

NOTE: PLEASE FORWARD ALL FUNDING DOCUMENTS AND REQUESTS TO R11fundingdocuments@gsa.gov FOR PROCESSING. DOCUMENTS SHOULD INCLUDE:

 - **Treasury Account Symbol (TAS)**   - **Line Of Accounting (LOA)**   - **Agency Location Code (ALC)**

 - **DB (Direct Bill) or CB (Central Bill) Indicator**   - **Vendor Selection (Level 3 or Verizon)**

 - **MIPR/Funding Document #**

AGENCY BILLING INFORMATION

Billing Option for Account (*Please choose one*)

☐ Direct Billing (*Vendor invoices customer*)

    Choose Preferred Media for Direct Billing: ☐ Web Access ☐ CD

☐ Centralized Billing *(Vendor invoices GSA and GSA bills the customer)*

Billing Agency Name: *(Agency Responsible for Invoice Payments)*	
Billing Agency Contact Name: *(Agency Point of Contact for billing issues/information)*	
Title:	
Street Address/Room/Floor:	
City/State/Zip Code:	
Email address:	
Phone Number:	Fax Number:

CENTRALIZED BILLING INFORMATION

(To be completed in addition to Agency Billing Information <u>only</u> if you chose the Centralized Billing option.)

Billing Agency Bureau Code: *(Four-digit numerical code assigned by the U.S. Department of the Treasury)*	
Agency Location Code (ALC) or IPAC Number: *(Eight-digit unique number assigned by the U.S. Department of the Treasury needed to electronically extract funds)*	
Funding Code: *(Also referred to as Line of Accounting, Accounting Classification, or Fund Cite)*	**Treasury Account Symbol (TAS):**
Funding Document or MIPR Number:	
Billing Office Accounting Code (BOAC): *(For Agencies with ABCof 47XX)*	**FED Code:** *(For Agencies with ABCof 47XX)*
DODAAD Number (DoD ONLY):	**OPLOC (DoD ONLY):**

CONVERT EXISTING ACCOUNT BILLING INFORMATION

(To be completed <u>only</u> by existing customers IF billing information needs to be changed)

☐ **Convert existing WITS 3 customer from Centralized to Direct Billing**

    Existing BACs converting to Direct Billing:_____

☐ **Convert existing WITS 3 customer from Direct Billing to Centralized Billing**

    Existing BACs converting to Centralized Billing:_____

Please direct any Billing disputes to your appropriate vendor.

BILLING ACCOUNT CODE (BAC) REQUEST

If you have more than one BAC request, please attach a separate document detailing the necessary information as outlined below.

☐ **Establish a new BAC**

New BAC Name:
New BAC Address:
New BAC Number(s):

☐ **Disconnect /Abolish BACs**

BACs:

☐ **Change Name for BAC _____**

New Name:

☐ **Change Address for BAC _____**

New Address:

FOR GSA USE ONLY
Signature of Assigner: _____

LOCATION GROUP(S) (LG) REQUEST

☐ **Establish New Location Group (LG)**

New LG Address(es):

☐ **BAC(s) Associated with LG:**

BAC(s):

LG is for a Telecommute Location: ☐ **Yes** ☐ **No**

FOR GSA USE ONLY
New LG number(s):
Signature of Assigner: _____

FOR VENDOR USE ONLY

WITS 3 Vendors shall provide the requested information and return to the Revenue Management Division at WITSbilling@gsa.gov.

Notes and Process Dates	
Business Office:	**Date:**
Ordering System Admin:	**Date:**
Billing Group:	**Date:**

Billing Account Number (BAN):
Billing Account Code (BAC):
Location Group (LG):