



OFFICE DEPOT BUSINESS SOLUTIONS DIVISION ON-LINE USER REQUEST

Requestor Information (All fields are required)

Name (Last, First, MI) _____
Social Security # (last 4) _____ Extension _____
Department _____ Campus _____ Bldg _____ Floor _____
University E-Mail Address _____

Approval Information (All fields are required)

Provide University Credit Card holder's name _____, along with the last 10 digits of credit card number _____, and expiration date _____.

As all on-line Office Depot Business Solutions Division (BSD) purchase transactions made by users shall be charged to the credit card indicated.

I approve the above named individual's request for use of on-line purchase transactions of office products from Office Depot BSD.

<i>Cardholder (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
-------------------------------	-------------------	-------------	------------------

<i>Supervisor (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
-------------------------------	-------------------	-------------	------------------

<i>Major Area Budget Manager (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
--	-------------------	-------------	------------------

<i>Chief Financial Officer (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
--	-------------------	-------------	------------------

Internal Use Only:

Account # & Exp Date: _____
Date User Request Activated: _____
Date User Request Inactivated: _____