

OfficeMax

INTERNET ELECTRONIC COMMERCE SET UP FORM

NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

DEPARTMENT ACCT #(S): _____ Transfer- Remove old & a

SHIP TO ADDRESS (S): (check all that apply)

Main Campus Health Science Campus Lake Erie Research Center
 Scott Park Campus Museum of Art Campus Arboretum R.A. Stranahan

GRANT ACCOUNTS

If any department account number requested begins with 082 the PI's (Principle Investigator) name and signature is required below signifying the authorization of the individual named above to order merchandise on his/her behalf. A second signature must also be obtained in the All Accounts section. Non Grant accounts will fill in the All Accounts information area only. (Follow attached Grant OfficeMax Procedure Policy for submitting request form)

PI Name: _____

PI Signature _____ >2(or) 4(m)25(e)4(2(S)o(____)12(____)

All Accounts (including grants) must fill in and obtain the signature of one of the following : Dean, Dept Head, or Business Manager

Name: _____

E-Mail Address: _____

Phone Number _____

Signature _____

Please setup the Approver listed above to approve/release the order: yes _____ no _____
(if neither box is checked you will not be setup)

If the form is faxed the appropriate approval must be filled in and signed.

If the form is emailed, the completed form must be emailed from the approver or PI.

Fax form to Susan Brodie at (248) 540.7838 or email: susanbrodie@officemax.com