



This form is used to register for training to learn how to order Office Max products on-line. Forward completed for to Purchasing.

Requestor Information

User Name: _____	Phone Number: _____
Department: _____	Fax Number: _____
Extended Zip: _____	Email Address: _____
Building/Room Number: _____	
User Primary Ship-to Address:	<input type="checkbox"/> One Washington Square <input type="checkbox"/> Other (specify): _____

Department Approval

<i>Authorization is granted for this individual to purchase office supplies and charges expenses against department accounts.</i>	
Approving Official's Signature: _____	Date: _____
Name (please print): _____	