

## **Office Depot Account Registration**

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Name \_\_\_\_\_

Department \_\_\_\_\_

Building \_\_\_\_\_

Room \_\_\_\_\_

Floor \_\_\_\_\_

Delivery Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Contact:**  
**Tara Thompson**  
**Procurement Officer**  
**Phone: 618-453-6717**

Email completed form to:  
**tara.thompson@siu.edu**