

# OfficeMax

## INTERNET ELECTRONIC COMMERCE SET UP FORM

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DEPARTMENT ACCT #(S): \_\_\_\_\_

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### ACCOUNT TYPE

\_\_\_\_\_ New – No Current Account

\_\_\_\_\_ Remove Acct #(s)

\_\_\_\_\_ Add – Additional Acct #(s)

\_\_\_\_\_ Transfer – Remove old & add new Acct # (s)

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 a 2 or 8 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 \_\_\_\_\_

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

### ALL ACCOUNTS

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](mailto:susanbrodie@officemax.com)