



Thank you for your interest in the OGR'S OFFICE DEPOT PROGRAM. To have access to the program, please fill-out the following information. Please print.

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

How many people work in your office? _____

Contact Person: _____

Contact Person E-Mail: _____

Credit Card Number: _____ Exp _____

*Note: If you already have an Office Depot credit card, it can be used for this program, just write the number above. If you wish to be direct billed, please note that on the credit card number line.

How will you most commonly be ordering? (circle one)

Internet

Fax

Phone

Please select and specify a login name and password. These will be required anytime you place an Internet order.

Login name: _____

Password: (at least 6 characters) _____

Please fax this form to Maureen Hayes at OGR - Fax: 217-532-9344, Phone: 800-637-8030.

You will receive a confirmation fax within 24 hours detailing ordering procedures.

Thank you!