

ORDER ANY TIME, DAY OR NIGHT. USE THIS FORM FOR YOUR CONVENIENCE.

Office DEPOT.

Taking Care of Business

(Be sure to make extra copies for future orders).

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Order Date: [] [] - [] [] - [] []

Please enter source code from back cover of catalog Source Code: [] [] [] [] [] [] [] [] [] [] [] []

1 CUSTOMER INFORMATION

Bill to: First Name: _____ Last Name: _____

Signature: _____ Company Name: _____

Customer ID#: _____ Worklife Rewards Member #: _____

Phone: () _____ Ext.: _____ Email: _____ @ _____

Address: _____

City: _____ State: _____ Zip: _____

Ship to (if address is different from above):

Company Name: _____ Contact Name First: _____ Last: _____

Phone: () _____ Ext.: _____ Fax: () _____

Email: _____ @ _____ Address: _____

City: _____ State: _____ Zip: _____

Select Credit Card: Office Depot Business Credit Acct. [] [] MasterCard [] [] Visa [] [] Discover [] [] AmEx [] [] Office Depot Gift Card [] [] VK Charge Acct. [] []

Credit Card Number: []

Expiration Date: [] [] - [] []

CID/Card Code: [] [] [] [] [] []

PO# (not required): []

2 YOUR ORDER INFORMATION

Table with 7 columns: Page #, 9-Digit Item #, Quantity, Item Description, Coupon Code, Price (each), TOTAL. Multiple empty rows for order entry.

Subtotal _____ Local Sales Tax _____ Grand Total _____

I will accept substitutions on out-of-stock items with items of comparable value and quality: YES [] NO []