

STAPLES
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E-WAY SYSTEM

PROFILE INFORMATION

Please return to Purchasing **FAX 8572**

First Name _____ Last Name _____

Department _____

Phone Number _____ Fax Number _____

NU E-mail Address _____

Index Account #(s) for your department:

Delivery Location(s):

Room _____ Building _____

Room _____ Building _____

Room _____ Building _____

Room _____ Building _____

MANAGER'S
SIGNATURE _____ (required)