

**CORPORATE EXPRESS  
E-WAY SYSTEM  
PROFILE INFORMATION**

Please return to Purchasing      **FAX 8572**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NU E-mail Address: \_\_\_\_\_

**Budget Account #(s) for your department:**

\_\_\_\_\_  
\_\_\_\_\_

**Delivery Location(s):**

Room: \_\_\_\_\_ Building: \_\_\_\_\_

Room: \_\_\_\_\_ Building: \_\_\_\_\_

Room: \_\_\_\_\_ Building: \_\_\_\_\_

Room: \_\_\_\_\_ Building: \_\_\_\_\_

MANAGER'S  
SIGNATURE \_\_\_\_\_ (required)