

**Office Depot 2010 Care Purchasing Services: Let's Get Started**

Please complete and fax back to: 561.243.3733

Or email to:

[Tarblejannelle@lcsnet.com](mailto:Tarblejannelle@lcsnet.com)

Date Submitted: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Billing Address: \_\_\_\_\_

\_\_\_\_\_

Account Billing: Yes or No \_\_\_\_\_

Credit Card Address: Yes or No \_\_\_\_\_

Tax Exempt ID# and Exp. Date OR include \*copy of form

Contact Information:

Name: \_\_\_\_\_

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

Number of Locations: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Annual Estimated Spend: \_\_\_\_\_

Care Purchasing Contact Information:

Name and Phone Number:

Additional Information about the Set up Special Instructions: