



Cooperative Purchasing Plan Enrollment Form

To ensure proper enrollment, please complete all applicable fields.

League Representative: _____ Date: _____

CU/Business Name: _____

Contact Person: _____
(Enter first then last name, i.e. John Doe.)

Shipping Address:

Address: _____
(Must be a street address. We cannot ship to a P.O. box.)

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
(Include area code.) (Include area code.)

E-mail Address: _____

Additional Ship to(s)?: Yes No

Address: _____
(Must be a street address. We cannot ship to a P.O. box.)

City: _____ State: _____ Zip: _____

Billing Address:

Address: _____

City: _____ State: _____ Zip: _____

Monthly dollars spent on office supplies: _____ Total number of office workers: _____

Do you currently have an Office Depot Account?: Yes No

Current Office Depot Account Number: _____

For those that are eligible, Standard Billing is invoiced weekly.

Start clicking your way to savings today. For details on the Office Depot Credit Union Cooperative Purchasing Plan or to get a cost comparative list of discounted supplies, call us at **800.435.2824** or visit **www.cucorp.com**, keyword search: **Office Depot**.

**Available to Michigan and Ohio credit unions only.*

Please complete this form and fax it to 734.793.5160

