

STATE OF NEBRASKA
OFFICE DEPOT ACCOUNT APPLICATION

Web Site: <https://bsd.officedepot.com/index.do>

*Website used to place Office Depot orders upon approval of application

PLEASE PRINT THE FOLLOWING INFORMATION: All fields must be completed in order to submit the application.

AUTHORIZED AGENT NAME

(Log On Name):

	(First and Last Name)
<input type="checkbox"/>	I will be ordering office supplies
	OR
<input type="checkbox"/>	I will be approving office supply orders requested by others. * Please attach a list of names.

DELIVERY ADDRESS:

AGENCY NAME:

AGENCY 6-DIGIT NUMBER:

(i.e. 65 00 00 = 2 digit Agency, 2 digit Division, 2 digit Program)

AGENCY BUSINESS UNIT:

(i.e. 8 digit number beginning with Agency code)

PHONE NUMBER:

EMAIL ADDRESS:

PASSWORD:

(8-10 characters; must include one capital letter and one number)

RETURN COMPLETED FORM TO:

State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508
Email: as.materielpurchasing@nebraska.gov

The above named Authorized Agent is hereby authorized to purchase supplies or approve supply orders for agency staff from Office Depot on behalf of the above named agency. This authorization will remain in effect until written notification to cancel the account for the Authorized Agent as shown above is received by State Purchasing Bureau.

Agency Head or Designee Signature/Date

Print Name