STATE OF NEBRASKA
OFFICE SUPPLY BUREAU / OFFICE DEPOT
INTERNET SET-UP FORM
Web Site: https://bsd.officedepot.com/index.do

AUTHORIZED AGENT NAME (YOUR LOG ON NAME): _____
(print) (first and last name)

AGENCY NAME: _____

DELIVERY ADDRESS: _____

_____

_____

AGENCY 6-DIGIT NUMBER: _____

BUSINESS UNIT: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

UNIQUE PASSWORD: _____
6-10 characters, may be alpha-numeric (combination of letters and numbers)

RETURN TO:

AS Office Supply Bureau
NSOB, Mall Level
Phone: 402-471-2412
Fax: 402-471-2089
E-mail: osb.dasmat@nebraska.gov

The above named Authorized Agent is hereby authorized to purchase supplies from Office Depot and Office Supply Bureau on behalf of the above named agency. It is our understanding that this authorization will remain in effect until written notification to delete this Authorized Agent is received by AS Office Supply Bureau.

_____ _____
DATE AGENCY HEAD SIGNATURE OR DESIGNEE

_____
TYPE OR PRINT NAME