State of Nevada OfficeMax Internet Registration Form Account 567426

End user/Name:_____

State Agency: _____

Delivery Address:_____

_____

Billing Address:_____

_____

Phone Number:_____

Fax Number:_____
Email:_____
Approver: _____
Phone_____Fax _____
Email:_____
Please be sure to fill out one for each person that will need a sign on.
Please fax directly to Karen Anne Tomasello at:
karenannetomasello@officemax.com fax 530 582 1368