

StaplesLink Set-up Form for Online Toolshow Exhibitors

*If your company has more than one location,
please copy form and complete for each location.*

Company Name: _____
Requester Information:
Name: _____
Phone: _____ Fax : _____
*E-mail Address (required): _____
Company Name: _____
Billing Address: _____
City, State, Zip: _____
Shipping Address: _____
City, State, Zip: _____

Average monthly spend on office supplies _____
Number of employees _____
Number of office locations _____
Current Office Supply Vendor: _____
Accounts Payable Contact Name & Phone number:

Payment Terms: Credit Card required (please select one)

VISA MC DISCOVER AMEX INVOICED

***Please fax the completed form to Jason Hosey at:
866-341-1223***