



**Ghost Card request for a
Staples Advantage Account**

Customer ID **1805057RCH**
Cost Center
Delivery Address (IUP)
Office Phone Number
Email Address
*Full Name(First, MI, Last)
*Last 4 digits of Banner ID
Date Submitted
Financial Manager
Signature (Financial Manager)
**Supervisor
**Signature (Supervisor)

*Required for Ghost Card
****Only** required if the Financial Manager is the person requesting the card.

When completed, please send this form to via Campus Mail to: Chris Patterson, **Clark Hall, B18**. Staples Advantage will provide you with your username and password as well as internet ordering instructions.

**If you have any questions, please contact us at:
Chris Patterson 357-5567, Kathy Cindric 357-6242**

<p>For Financial Operations Use Only: Card Ordered _____ Activated _____ Staples Set Up _____ Email Distribution List _____ Introductory email _____</p>
