



**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)

*Home Address:

*Country of Citizenship

*Last 4 digits of Banner ID

*Full Date of Birth

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**

For Financial Operations Use Only:
Card Ordered_____Activated_____
Staples Set Up_____Email Distribution List_____
Introductory email_____