



Duke University Departmental Copy Account Application

_____ Department Name

- Issue Dedicated Card
- Activate Duke Card for Copy Privileges
- Change in Card Information

Cardholder's Name (first, middle initial, last) _____	Duke Unique Identification Number (located on back of ID) _____
Post Office Box Number _____	Card Holder's Duke Address _____
City, State, Zip Code _____	Work Telephone Number Including Area _____
Card Holder's E-Mail Address: _____	
Please check the appropriate box below: <input type="checkbox"/> Cost Center: _____ <input type="checkbox"/> Profit Center: _____ <input type="checkbox"/> WBS Element: _____ <input type="checkbox"/> Fund: _____	
Company Code: _____ R/3 Code: _____	
Business Manager's Name (first, middle initial, last) _____	Business Manager's Email Address: _____
Business Manager's Telephone Number Including Area Code _____	Delivery Address: _____

_____ Card Holder's Signature

_____ Business Manager's Signature

Please return to Office Products, Box 90850 or Fax Document to 919-684-6924

For Internal Use Only

Card Number: _____ Date Entered: ____/____/____

Entered by: _____