

**Staples Ordering Access Form for  
Michigan Dental Association Members  
Staples Account # 1025628  
(\$50 minimum order, place orders by major credit card)**



***YES, we want to be part of the Staples-MDA Program!***

Date: \_\_\_\_\_

User Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Shipping location Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Do you have internet access? (circle one)    YES            NO

If so, would you like to be able to order online using [www.StaplesLink.com](http://www.StaplesLink.com)?  
(circle one)            YES            NO

If yes, you will need to complete and fax in the online purchase registration form  
you will receive in your welcome packet.

(\*\*E-mail address required for [StaplesLink.com](http://StaplesLink.com) ordering\*\*)

**\*ACCOUNT SETUP COMPLETED WITHIN 72 HRS OF FORM RECEIPT\***

**Please fax completed form to:**

***Fax: (248) 465.1527***  
**MDA-Staples Program**  
**Staples Business Advantage**

