



SEND COMPLETED FORM TO:  
 OFM, Inc.  
 161 Tradition Trail  
 Holly Springs, NC 27540  
 Phone: (919) 303-6389  
 Fax: (919) 362-4765  
 E-Mail: ofm@ofminc.com

GSA Contract #  
 GS-28F-0010M

**GSA CONTRACT PROJECT REGISTRATION FORM**

**DEALER INFORMATION**

Dealer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dealer Contact \_\_\_\_\_  
 Dealer Telephone \_\_\_\_\_ Dealer Fax \_\_\_\_\_

A. Billing Location

B. Issuing Office

**END USER INFORMATION**

End User Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 End User Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Estimated Order Date \_\_\_\_\_

**PROJECT INFORMATION**

Model # Specified \_\_\_\_\_

\_\_\_\_\_ was responsible for selection and specification of OFM, INC. products for use by the referenced GSA Contract user – project description to follow.

Dealer

(description below or copy of proposal attached)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of End User / Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of OFM, Inc. VP Sales

\_\_\_\_\_  
 Date

**Note:** This registration will expire 90 days from the receipt and acceptance by OFM, Inc.