



Department of
Administrative Services

COOPERATIVE PURCHASING PROGRAM ENROLLMENT FORM

(Please type or print clearly.)

Name of Political Subdivision_____

Contact Person_____ Title_____

Street Address_____ P. O. Box_____

City/Village/Township_____ County_____ Zip Code_____

Phone_____ Fax_____ Email_____

Please email completed enrollment form and resolution to:

**DAS Office of
Procurement Services**
c/o Cooperative Purchasing Program
das.statepurchasing@das.ohio.gov

State of Ohio Department of Administrative Services

**4200 Surface
Road**

COLUMBUS, OH 43228