



Customer Account Form

SECTION 1

Company Name (Doing Business As) _____ Full Legal Business Name _____

Address (Cannot be a PO box) _____

Address _____ City _____ State _____ Zip Code _____ County/District _____

Telephone Number _____ Fax Number _____ Email Address _____

Billing Address (If different from above) _____ City _____ State _____ Zip Code _____

Owner _____ Date Business Established _____ No. of Employees: 1-10 11-50 50+

Please Check the following: Desire to do business on a cash basis. Transactions by cash, company check, Am Exp, MasterCard or Visa Card
 Up to \$1,000 credit Will you be purchasing items exempt from sales taxes? Yes No

Federal Taxpayer Identification # _____ SS# (Optional) _____

Business Type/ Legal Structure: (Please check all that apply)
 Corporation Franchise Non-Profit Organization School Federal Government State Government Local Government
 Hospital Religious Organization Partnership/Proprietorship Sub S Limited Liability Contractor Other _____

SECTION 2

Do you have a Parent Company? Yes (If Yes, continue to Section 2) No (If No, move to Section 4)

Parent Company Name (Division or Sub) _____ Telephone _____ Fax Number _____

Address _____ City _____ State _____ Zip Code _____

Is Parent Company responsible for payment of bills? Yes No

SECTION 3

Please fill out the following information for open account billing for over \$1,000.00

Desired credit (if more than \$1,000) _____

Bank References: (Please Complete Entire Section)

Bank Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Checking Account # _____ Loan Account # _____

Customer Trade References: (Commercial & Industrial Trade Vendors with open account status only)

Name _____ Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Account Number _____

Name _____ Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Account Number _____

SECTION 4

The undersigned agrees that all purchases of product from Grainger will be governed by Grainger's standard terms and conditions of sale as contained in its catalog and website. Any modification of such terms or any additional terms will not be binding upon Grainger unless they are in writing and signed by Grainger. Any credit extended by Grainger to the undersigned and the limits of such credit shall be at Grainger's sole discretion and may be reduced or revoked by Grainger at any time and for any or no reason. Should Grainger approve this application, I (we) agree to pay for all goods purchased within thirty (30) days of receipt of order. W.W. Grainger, Inc., is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for the granting of credit. Should it become necessary to collect this account by legal proceedings or otherwise, THE UNDERSIGNED, INCLUDING ENDORSERS, PROMISES TO PAY ALL COST OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

Authorized Signature (Required) _____ Date _____

Please Print Name and Title _____