

# APPLICATION AND AGREEMENT FOR OPEN ACCOUNT



MAIL OR FAX COMPLETED FORM TO:  
**MSC Industrial Supply Company • 75 Maxess Road • Melville, NY 11747-3151**  
**Fax: 516.812.1706 • Phone: 800.753.7997**

Order Pending:
<input type="checkbox"/> Yes <input type="checkbox"/> No

**ACCOUNT #** \_\_\_\_\_

**BILLING INFORMATION (Terms Net 30 days from date of invoice)**

Legal Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Main Tel # \_\_\_\_\_ A/P Tel # \_\_\_\_\_  
 Fax # \_\_\_\_\_ A/P Fax # \_\_\_\_\_  
 Accts. Payable E-mail address: \_\_\_\_\_  
 Are you listed with D&B?  Yes  No  
 If yes, provide D&B/Duns #: \_\_\_\_\_

**SHIPPING INFORMATION (if different from Billing)**

Company Name: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Tel # \_\_\_\_\_  
 Fax # \_\_\_\_\_

**BILLING OPTIONS**

Consolidated  Periodic Bill  EDI  Packing Slip Invoice

**TERMS**

Net 30  COD  Credit Card

**CORPORATE INFORMATION**

President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Controller/CEO \_\_\_\_\_  
 A/P Manager \_\_\_\_\_

State in which you incorporated \_\_\_\_\_  
 County in which you incorporated \_\_\_\_\_  
 # of Employees \_\_\_\_\_  
 Years established \_\_\_\_\_

**TRADE/CREDIT REFERENCES**

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone # _____	Phone # _____	Phone # _____
Fax # _____	Fax # _____	Fax # _____
Contact Name: _____	Contact Name: _____	Contact Name: _____
Account # _____	Account # _____	Account # _____

**PURCHASING INFORMATION**

PO's Required?  Yes  No      Hard copy required?  Yes  No  
 Will purchases be subject to sales tax?  Yes  No (If purchase is not subject to sales tax, please enclose copy of resale card/tax exempt certificate)  
 Are you a government agency?  Yes  No  
 City  County  State  Federal  Private Corporation  Public Corporation  Partnership  School/Learning Institution  
 Sole Proprietorship (If Sole Proprietorship – ss #) \_\_\_\_\_ Federal ID # \_\_\_\_\_

**Authorized Buyers** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BANK REFERENCE**

We authorize you, our bank reference, to release credit information regarding the following account(s) to **MSC Industrial Supply Company**

BANK NAME: \_\_\_\_\_  
 BANKING OFFICER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 Checking Account # \_\_\_\_\_  
 Loan Account # \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_

**AUTHORIZATION AND AGREEMENT TO RELEASE CREDIT INFORMATION**

Please enclose a copy of your most current financial statement. Information will be kept confidential.

In support of this application, MSC Industrial Supply Company is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with which I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only for consideration of this application. Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of the sale Net 30 days from date of invoice. Should I/we not pay MSC Industrial Supply Company according to terms, it is understood that credit privileges may be withdrawn. Should MSC Industrial Supply Company find it necessary to obtain assistance in collecting any monies due, I/we agree to pay all reasonable attorney fees, collection agency fees and/or court costs necessary to collect monies owed. The offer is limited only to these terms.

Signature of Authorized Officer \_\_\_\_\_  
 Name (Please Print) \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

Not responsible for applications with missing or incomplete information