

APPLICATION AND AGREEMENT FOR OPEN ACCOUNT

MAIL OR FAX COMPLETED FORM TO:

ResaleLink • 515 Broadhollow Road, Suite 1000, Melville, New York 11747

T 800-289-0599 • F 877-289-0599 Email: resalelink@mscdirect.com

Order Pending:

Yes No

ACCOUNT# _____

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

Company Name: _____

Legal Name if different: _____

Attn: _____

Title: _____

Street Address: _____

City, State, Zip: _____

Main Tel# _____ A/P Tel# _____

Fax# _____ A/P Fax# _____

E-mail address: _____

Are you listed with D&B? Yes No If yes, provide D&B/Duns# _____

Federal ID# _____

SHIPPING INFORMATION (if different from Billing)

Company Name: _____

Attn: _____

Title: _____

Address: _____

City, State, Zip: _____

Tel# _____

Fax# _____

BILLING OPTIONS

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: _____

Address: _____

Phone # _____

Fax # _____

Contact Name: _____

Account # _____

Name: _____

Address: _____

Phone # _____

Fax # _____

Contact Name: _____

Account # _____

Name: _____

Address: _____

Phone # _____

Fax # _____

Contact Name: _____

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# _____)

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 _____