



# Export New Account Form

SECTION 1

Company Name (Doing Business As)		Full Legal Business Name		
Address (Cannot be a PO Box)				
Address	City	State/District	Zip/Postal Code	Country
Telephone	Fax	Email		
Billing Address (If different from above)	City	State/District	Zip/Postal Code	Country
Owner	Date Business Established	Federal Taxpayer Identification # or SS# (Optional)	Dun & Bradstreet #	
Number of Employees?	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-50	<input type="checkbox"/> 50+	
Please select one of the following:				
<input type="checkbox"/> Desire to do business on a cash basis - cash, check, wire transfer, credit card				
<input type="checkbox"/> Up to \$1,000 USD credit limit				
Will you be purchasing items exempt from US Sales Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Business Type:</b> (please check one)				
<input type="checkbox"/> Agriculture (0191) <input type="checkbox"/> Construction (1542) <input type="checkbox"/> Contractor (1799) <input type="checkbox"/> Hospitality (7011) <input type="checkbox"/> Manufacturing (3999) <input type="checkbox"/> Mining (1081)				
<input type="checkbox"/> Oil/Gas (1389) <input type="checkbox"/> Transportation (4581)				
Government:	<input type="checkbox"/> US Military (9711)	<input type="checkbox"/> US Dept of State (9721)	<input type="checkbox"/> Other US Agency (9199)	<input type="checkbox"/> Foreign Government Agency (9711)
Reseller:	<input type="checkbox"/> Reseller (7373)	<input type="checkbox"/> Mining Reseller (7311)	<input type="checkbox"/> Oil & Gas Reseller (7313)	<input type="checkbox"/> Manufacturing Reseller (5085)
<input type="checkbox"/> Hospitality Reseller (5087)				

SECTION 2

Do you have a Parent Company? <input type="checkbox"/> Yes (Complete Section 2) <input type="checkbox"/> No (Move to section 3)	
Parent Company Name (Division or Sub)	Telephone Fax
Address	City State/District Zip/Postal Code Country
Is Parent Company responsible for payment or bills? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Parent Company engage in or expect to engage in activity with a Sanctioned Country (i.e. Cuba, Syria, Sudan, Iran, North Korea) or have a total of 50% or more ownership directly or indirectly by Sanctioned Nationals? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3

**Please complete this section if you would like open account billing:** Credit Limit Desired (in USD): \$ \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Accounts Payable Manager: \_\_\_\_\_

Accounts Payable Phone: \_\_\_\_\_ Manager Phone: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_ Manager Email: \_\_\_\_\_

**Bank References:** (Please complete the entire section)

Bank Name	Telephone	Fax
Address	City	State/District Zip/Postal Code Country
Checking Account #	Loan Account #	

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

Name	Account #	Telephone	Fax
Address	City	State/District	Zip/Postal Code Country
Name	Account #	Telephone	Fax
Address	City	State/District	Zip/Postal Code Country

**Would you like to be enrolled in paperless invoicing?**  Yes  No Email address: \_\_\_\_\_

If yes, this means ALL invoices for this account will be sent to the email address you provided above, regardless of who places the order.

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 Grainger's 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 and 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 FEES.

Authorized Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name and Title: \_\_\_\_\_

