



# APPLICATION AND AGREEMENT FOR OPEN ACCOUNT

Email completed form to CreditAnalyst@mscdirect.com or Fax to 516.812.2483.  
Mailing address is MSC Industrial Supply Co., 75 Maxess Road, Melville, NY  
11747-3151, Attn: Credit Department. Phone: 800.753.7997.

ORDER PENDING:

YES  NO

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

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

Legal Name: \_\_\_\_\_  
DBA Name: \_\_\_\_\_  
Parent Company (if applicable): \_\_\_\_\_  
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  Credit Card  p-Card

### CORPORATE INFORMATION

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

State in which company is incorporated/organized \_\_\_\_\_  
# 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  Limited Liability Company  
 Sole Proprietorship      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 Co.**  
BANK NAME: \_\_\_\_\_  
BANKING OFFICER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
Checking Account# \_\_\_\_\_  
Loan Account# \_\_\_\_\_  
Phone# \_\_\_\_\_  
Fax# \_\_\_\_\_  
E-mail address: \_\_\_\_\_

### 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 Co. 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. 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 Co. according to terms, it is understood that credit privileges may be withdrawn. Should MSC Industrial Supply Co. 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 Person \_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

Not responsible for applications with missing or incomplete information

