

## Affiliation Declaration Form

(" denotes required ini	ormation)				
*Participating Member	Name				
*Address					
Address Line 2			*City		
*State	*Zip		*Phone (	)	
Billing Address (If diffe	erent than above)				
Billing City		Billing State		E	Billing Zip
Email Address					
Grainger Account Nun	nber (8 digit)		-		
Participating Member	ID		-		
*Current Affiliation			_		
*Requested Affiliation					
purchasing maintenance of W.W. Grainger, Inc. To purchasing arrangement	int declares its sole affiliation with , repair, and operations supplies he Participating Member declares or agreement except the current ly. The Participating Member agre r products.	and equipmen s that no purch Agreement be	t from Grainger II ase of Products a tween	ndustrial Sup are made und (newly	ply ("Grainger"), a division der any other group named affiliation) and
Authorized Signature _				Today's D	eate
Print Name	Title				
Email Form to:	sales support ops corpo	rate@graing	er.com		
or					
Mail or Fax Form to:	Grainger Industrial Supply Sales Support Department 1657 Shermer Road				

Northbrook, IL 60062 FAX: 847-559-6395