



## Affiliation Declaration Form

* denotes required information)			
*Participating Member Name			
*Address	<del></del>		
Address Line 2		*City	
*State *Zip		*Phone (	_)
Billing Address (If different than above)			
Billing City	Billing State		Billing Zip
Email Address			
Grainger Account Number (9 digit)		_	
Participating Member ID		_	
*Current Affiliation		_	
*Requested Affiliation		-	
The above-named account declares its sole affiliation purchasing maintenance, repair, and operations support W.W. Grainger, Inc. The Participating Member declarating arrangement or agreement except the cur Grainger Industrial Supply. The Participating Member the purchase of Grainger products.	lies and equipmer lares that no purch rent Agreement b	nt from Grainger Indus nase of Products is ma etween	trial Supply ("Grainger"), a division ade under any other group (newly named affiliation) and
Authorized Signature		To	day's Date
-			



Email/Fax form to: MGilmore@gardnerweb.com or (440) 526-5803