



Affiliation Declaration Form

(*denotes required information)

*Participating Member Name _____

*Address _____

Address Line 2 _____ *City _____

*State _____ *Zip Code _____ *Phone (_____) _____

*# of Employees (Used to determine appropriate sales coverage) _____

Billing Address (If different than Above) _____

Billing City _____ Billing State _____ Billing Zip Code _____

*Contact Name _____

*Contact Email Address _____

Grainger Account Number _____ Participating Member ID _____

Current Affiliation _____ Requested Affiliation _____

Chapter Affiliation _____

The above-named account declares its sole affiliation with _____ (newly named affiliation) for the purpose of purchasing maintenance, repair and operations supplies, equipment and services from Grainger Industrial Supply (“Grainger”), a division of W.W. Grainger, Inc. The Participating Member declares that no purchase of Products is made under any other group purchasing arrangement or agreement except the current Agreement between _____ (newly named affiliation) and Grainger Industrial Supply. The participating member agrees that this declaration supersedes all previous declarations regarding the purchase of Grainger products.

Authorized Signature _____ Today’s Date _____

Print Name _____ Title _____

Please Email form to: National_Accounts@grainger.com

