



# 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: Madison County, MS  
DBA Name: \_\_\_\_\_  
Parent Company (if applicable): \_\_\_\_\_  
Attn: Shelton Vance  
Title: Comptroller  
Street Address: PO Box 608  
City, State, Zip: Canton, MS 39046  
Main Tel # 601-855-5502 A/P Tel # 601-855-5502  
Fax # \_\_\_\_\_ A/P Fax # \_\_\_\_\_  
Accts. Payable E-mail address: Comptroller@madison-co.com  
Are you listed with D&B?  Yes  No  
If yes, provide D&B/Duns #: 884388737

### 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

\*optimal depending on purchase amount

### CORPORATE INFORMATION

President: Trey Baxter  
Controller/CEO: Shelton Vance  
A/P Manager: Shelton Vance

State in which company is incorporated/organized: MS  
# of Employees: 370  
Years established: 100+

### 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  
Authorized Buyers: Hardy Crunk  
Federal ID #: 64-6000658

### BANK REFERENCE

We authorize you, our bank reference, to release credit information regarding the following account(s) to MSC Industrial Supply Co.  
BANK NAME: Metropolitan Bank  
BANKING OFFICER: Cristler Boone  
ADDRESS: 1069 Highland Colony Parkway  
CITY, STATE, ZIP: Ridgeland, MS 39157  
Checking Account# \_\_\_\_\_  
Loan Account# \_\_\_\_\_  
Phone# 601-853-0000  
Fax# \_\_\_\_\_  
E-mail address: cboone@metropolitan.bank

### 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 and used only for consideration of this application. 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) Trey Baxter  
Title Beard President Date \_\_\_\_\_

Not responsible for applications with missing or incomplete information

