



4900 s. 9th st _ Kalamazoo, MI 49009-9552
 Customer Service: (800) 253-9885 Fax: (800) 234-9150
 Credit/Accounting: (800) 234-4909 Fax: (800) 305-3513
 Website: www.edwardsgarment.com

CUSTOMER PROFILE / CREDIT CARD TERMS

Date: _____ Taken By: _____
 Company Name: (please print) _____
 Address: _____ Ste. _____
 City, State, Zip: _____
 Telephone: _____
 E-Mail: _____

<u>INTERNAL USE ONLY</u>	
CUST. #:	_____
D&B:	_____ SIC #: _____
SALES REP:	_____ CR RESP: _____
CR LIMIT:	_____ DISCOUNT: _____
SALES TAX:	_____ COUNTY: _____

Fax: _____
 ASI/PPAI#: _____

Shipping Address (if different)

Address: _____ Ste. _____
 City, State, Zip: _____

Name of Principal(s)

1. _____
2. _____

Authorized Buyer(s)

1. _____
2. _____

Legal Structure:

Corporation/LLC: _____
 Partnership: _____
 Sole Proprietorship: _____

Type of Business by %

Promotional Products: _____% Embroidery/Screenprinting _____%
 Manufacturer: _____% Uniform Wholesale/Retail: _____%
 Industrial Laundry: _____%

How do you wish to receive your invoices: (Please check One)

E-Mail: Fax:

How did you hear about us?

Advertisement _____ Press Release _____ Trade Show _____ Established Customer _____ Web Site _____ Other _____

Trade Shows

ASI _____ ISS _____ NAUMD _____ World Expo _____ PPAI _____ OTHER _____

Please note, an Edwards Credit Card Authorization form and Tax Exemption Certificate (if applicable), must also accompany this form prior to establishing an account. If interested in open credit terms, please contact and Edwards Representative.



Credit Card Authorization

I do hereby authorize Edwards Garment Company to process credit card transactions from the information provided hereon. I agree that credit card orders will be charged to my credit card account at the time of shipment. I understand credit card orders are an alternative to credit terms, and orders that are invoiced under credit terms may not be paid via credit card. I agree that Edwards may charge the cost of an order to my credit card account listed below, without having to obtain the undersigned's signature on each individual credit card transaction. I also agree orders processed under a credit card do not qualify for any discounts that may be available under credit terms.

I agree that it is my sole responsibility to notify Edwards Garment Company in writing, of any changes to the information listed below. Edwards Garment Company will not be held liable for any unauthorized purchases and charges to the credit card account(s) listed below as a result of failure to receive written notification of said changes. I agree in the event any terms or pricing on a purchase order executed by my company are inconsistent with Edwards' terms, pricing and policies; Edwards' terms, pricing and policies shall take precedence. Edwards must consent to any modifications in writing. I agree to examine merchandise immediately upon receipt, and to advise Edwards of any disputed transactions within 10 days of receipt. Failure to notify Edwards of any dispute with respect to defective goods shall constitute a waiver of all such disputes. I also agree that my company is fully responsible for any obligation not paid pursuant to this authorization. My signature below confirms that I have the authority to bind the business and/or person(s) named below as a customer to this agreement, and that I understand and accept the terms and conditions presented.

Edwards Account Number: _____

Date: _____ - _____ - _____



Credit Card Number

Expiration Date



_____ - _____ - _____ - _____

_____ - _____



CARDHOLDER'S EXACT NAME & BILLING ADDRESS AS APPEARS ON THE BILLING STATEMENT (PLEASE PRINT)

Company/Cardholder Name(s): _____

Address: _____

City/State/Zip Code: _____ - _____ - _____

Authorized Signature

Printed Name

Please check if you wish to have all purchase orders automatically billed to the credit card listed above.

Please fax this completed form to:
Edwards Garment Company
Attn. Credit Department
Fax (800) 305-3513



Indiana Department of Revenue General Sales Tax Exemption Certificate

This form is not to be used as an Agricultural or Utility Exemption Certificate. Company Exemption Certificates are not valid for personal purchases..

Name _____ TID# _____

Address _____ Date _____

City _____ State _____ Zip Code _____

Blanket **Single Purchase** Description of Articles _____

Sale to Retailer, Wholesaler or Manufacturer for **Resale Only**

Sale of Manufacturing Machinery, Tools and Equipment to be Used Directly in Direct Production

Sales to Not-for-Profit Organizations, Claiming Exempt Purchases Pursuant to Sales Tax Information Bulletin #10

Note: Many purchases by Not-for-Profit Organizations are subject to Sales Tax; therefore, purchasers are cautioned to read Sales Tax Information Bulletin #10 before signing this certificate.

Sales to Governmental Units

Other (Explain) _____

I hereby certify under the penalties of perjury, that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the **State Gross Retail Sales Tax Act.**

Signature _____ **Title** _____

STF

Official form is smaller than full page. Please cut to size along dashed line before filing.