



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: \_\_\_\_\_

<b><u>INTERNAL USE ONLY</u></b>	
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**

**Blanket Exemption Certificate  
for purchases by registered wholesalers for  
resale or further processing under the Louisiana General Sales Tax Act**

Date \_\_\_\_\_

This certifies that the following types of materials, goods, merchandise, and services purchased by the undersigned from \_\_\_\_\_

Edwards Garment Company \_\_\_\_\_ are to be used for resale or further processing for resale as tangible personal property by the undersigned registered wholesale dealer and are, therefore, exempt from the advance tax provisions of Louisiana Revised Statute 47:306B.

**Apparel**

\_\_\_\_\_  
Registration certificate number (valid only if it includes the letter "W")

\_\_\_\_\_  
Type of property to be resold

The undersigned purchaser further certifies that the location of the business shown below has been assigned a wholesale sales tax registration number by the Department of Revenue, enabling him to make purchases of property for resale or further processing without payment to vendors of the advance sales tax, and that his current account number is indicated above. The purchaser assumes full liability if the sale is later held subject to tax, even though the seller has received this completed certificate.

Name of purchaser \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

Signature of purchaser's authorized agent \_\_\_\_\_

Any purchaser who fraudulently signs this certificate without intent to use the property or services purchased as stated above will be subject to all penalties provided for by Louisiana statutes. This certificate will remain in effect until withdrawn by the purchaser, or the purchaser's sales tax account is closed, or the purchaser's ability to make tax-free purchases is amended or revoked by the Department of Revenue.