



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**

**UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION**

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2 - 4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Edwards Garment Company

Address: 4900 S 9th St, Kalamazoo, MI 49009

I certify that: \_\_\_\_\_ is engaged as a registered

Name of Firm (Buyer): _____	Wholesaler _____
Address _____	Retailer _____
_____	Manufacturer _____
_____	Seller (California) _____
_____	Lessor (see notes on pages 2 - 4) _____
_____	Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>2</sup>	_____	MO <sup>13</sup>	_____
AR	_____	NE <sup>14</sup>	_____
AZ <sup>22</sup>	_____	NV	_____
CA <sup>3</sup>	_____	NJ	_____
CO <sup>1</sup>	_____	NM <sup>1,15</sup>	_____
CT <sup>4</sup>	_____	NC <sup>25</sup>	_____
DC <sup>5</sup>	_____	ND	_____
FL <sup>23</sup>	_____	OH <sup>26</sup>	_____
GA <sup>6</sup>	_____	OK <sup>16</sup>	_____
HI <sup>1,7</sup>	_____	PA <sup>27</sup>	_____
ID	_____	RI <sup>17</sup>	_____
IL <sup>1,8</sup>	_____	SC	_____
IA	_____	SD <sup>18</sup>	_____
KS	_____	TN	_____
KY <sup>24</sup>	_____	TX <sup>19</sup>	_____
ME <sup>9</sup>	_____	UT	_____
MD	_____	VT	_____
MI <sup>11</sup>	_____	WA <sup>20</sup>	_____
MN <sup>12</sup>	_____	WI <sup>21</sup>	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_