



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: _____

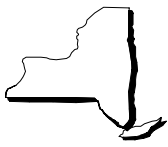
City/State/Zip Code: _____ - _____ - _____

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



Resale Certificate

Single-use certificate Blanket certificate Date issued _____

Temporary vendors must issue a single-use certificate.

Seller information - please type or print

Seller's name Edwards Garment Company		
Address 4900 S 9th Street		
City Kalamazoo	State MI	ZIP code 49009

Purchaser information - please type or print

I am engaged in the business of _____ and principally sell _____
(Contractors may not use this certificate to purchase materials and supplies.)

Part 1 - To be completed by registered New York State sales tax vendors

I certify that I am:

- a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid Certificate of Authority Number is _____
- a New York State temporary vendor. My valid Certificate of Authority Number is _____ and expires on _____

I am purchasing:

- A Tangible personal property (other than motor fuel or diesel motor fuel)
- for resale in its present form or for resale as a physical component part of tangible personal property;
 - for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service, or
- B A service for resale, including the servicing of tangible personal property held for sale.

Part 2 - To be completed by non-New York State purchasers

I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction _____ and have been issued the following registration number _____. (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write **not applicable** on the line requesting the registration number.)

I am purchasing:

- C Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.
- D Tangible personal property for resale that will be resold from a business located outside New York State.

Part 3 - Certification

I, the purchaser, understand that:

- I may not use this certificate to purchase items or services that are not for resale.
- If I purchase tangible personal property or services for resale, but I use or consume the tangible personal property or services myself in New York State, I must report and pay the unpaid tax directly to New York State.
- I will incur tax liabilities, in addition to penalty and interest, for any misuse of this certificate.

Please type or print

Purchaser's name as it appears on the sales tax registration		Name of owner, partner, or officer of corporation, authorizing the purchase	
Street address		Purchaser's signature	
City	State	ZIP code	Title

Substantial penalties will result from misuse of this certificate.