



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

**COMMONWEALTH OF VIRGINIA
SALES AND USE TAX CERTIFICATE OF EXEMPTION**

**(For use by a Virginia dealer who purchases tangible personal property for resale,
or for lease or rental, or who purchases materials or containers
to package tangible personal property for sale)**

To: Edwards Garment Company _____ Date _____ , _____
(Name of supplier)

4900 S 9th Street _____ Kalamazoo _____ MI _____ 49009 _____
(Number and street or rural route) (City, town, or post office) (State) (ZIP Code)

The Virginia Retail Sales and Use Tax Act provides that the Virginia Sales and use tax shall not apply to tangible personal property purchased for resale; that such tax shall not apply to tangible personal property purchased for future use by a person for taxable lease or rental as an established business or part of an established business, or incidental or germane to such business, including a simultaneous purchase and taxable leaseback. The Act provides also that such tax shall not apply to packaging materials such as containers, labels, sacks, cans, boxes, drums or bags if the materials are marketed with a product being sold and become the property of the purchaser.

This Certificate of Exemption may not be used by a using or consuming construction contractor as defined in the Regulations.

The undersigned dealer hereby certifies that all tangible personal property purchased from the above named supplier on and after this date will be purchased for the purpose indicated below, unless otherwise specified on each order, and that this Certificate shall remain in effect until revoked in writing by the Department of Taxation. (Check proper box below.)

- 1. Tangible personal property for RESALE only.
- 2. Tangible personal property for future use by a person for taxable LEASE OR RENTAL as an established business, or part of an established business, or incidental or germane to such business, or a simultaneous purchase and taxable leaseback.
- 3. Packaging materials such as containers, labels, sacks, cans, boxes, drums or bags that are marketed with a product being sold and become the property of the purchaser.

Name of Dealer _____ **Certificate of**
Registration No. _____

Trading as _____

Address _____
(Number and street or rural route) (City, town, or post office) (State) (ZIP Code)

Kind of business engaged in by dealer _____

I certify that I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct, made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.

By _____
(Signature) (Title)

(If the dealer is a corporation, an officer of the corporation or other person authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if an unincorporated association, a member must sign; if a sole proprietorship, the proprietor must sign.)

Information for supplier — A supplier is required to have on file only one Certificate of Exemption properly executed by the dealer who buys tax exempt tangible personal property for the purpose indicated hereon.