



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

ACCOUNT PROFILE / CREDIT APPLICATION

		<u>INTERNAL USE ONLY</u>	
Date: _____	Taken By: _____	CUST. #: _____	
Sold To: (please print) _____		D&B: _____	SIC #: _____
Legal Name: (if different) _____		SALES REP: _____	CR RESP: _____
Address: _____	Ste. _____	CR LIMIT: _____	DISCOUNT: _____
City, State, Zip: _____		SALES TAX: _____	COUNTY: _____
Ship To: (if different) _____			
Address: _____	Ste. _____	E-Mail: _____	
City, State, Zip: _____		ASI/PPAI#: _____	
Telephone: _____		Fax: _____	

<u>Name of Principal(s)</u>	<u>Name of Contact(s)</u>
1. _____	Authorized Buyer: _____
2. _____	Authorized Buyer: _____
3. _____	General Manager: _____

If Applicant, Affiliates or Principals have ever done Business with Edwards, List Name & Address:

Applicant Is:
 Corp./LLC + Date Inc. _____ Partnership + # Years: _____ Sole Proprietor + # of Years: _____

Type of Business by %: Manufacturer _____% Uniform Wholesale/Retail _____% Laundry _____%
 Embroidery/Screenprinting _____% Promotional Products _____%

Requested Credit Limit: _____ **Anticipated Annual Purchases:** _____

Are You Sales Tax Exempt?: No _____ Yes _____ State: _____ (If yes, completed exemption form must be on file)

Edwards Shipping Policy:
 Orders are normally shipped ground by carriers selected at the discretion of Edwards. Special shipping instructions must be provided to customer service with your order, or standard special shipping instructions may be provided below, or otherwise in writing to Edwards. If you require compliance with a routing guide, please indicate the same below and attach or provide the routing guide before ordering. Applicable freight charges will be included on the invoice or billed separately to your account as determined by the shipping method.

Applicant Shipping Instructions:
 Do you require compliance with a routing guide?: No _____ Yes _____ (If yes, please attach the proper routing instructions.)

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 _____



Account Profile/Credit Application (continued)

Bank Reference:

Name: _____ Contact: _____
City: _____ State: _____ Phone: _____
Checking Acct.#: _____ Savings Acct.#: _____
Loan(s) Acct. #: _____

Trade References:

- 1. Supplier's Name: _____ City: _____ State: _____
Phone: _____ Fax: _____ Acct. #: _____
- 2. Supplier's Name: _____ City: _____ State: _____
Phone: _____ Fax: _____ Acct. #: _____
- 3. Supplier's Name: _____ City: _____ State: _____
Phone: _____ Fax: _____ Acct. #: _____
- 4. Supplier's Name: _____ City: _____ State: _____
Phone: _____ Fax: _____ Acct. #: _____

Terms and Conditions:

I have completed this application to obtain credit, and certify that all statements contained herein are true and correct. I am authorized by the credit applicant to execute this document on its behalf. Applicant agrees that credit inquiries may be made, and authorizes the release of such information to Edwards. Applicant agrees that any credit granted shall be paid promptly in accordance with Edwards (Net 30 Day) terms, pricing and policies (Edwards policies are included in our published price list). Applicant also agrees in the event any terms or pricing on a purchase order executed by Applicant are inconsistent with Edwards' terms, pricing and policies; Edwards terms, pricing and policies shall take precedence. Edwards must consent to any modifications in writing. Applicant must notify Edwards in writing of any change in legal structure and/or ownership. In the event other entities or individuals order merchandise using the Applicant's account without Edwards receiving proper written notification, it is agreed that both the Applicant and/or such other entities or individuals receiving the merchandise shall be obligated for all amounts due.

Applicant agrees that credit may be cancelled/revoked at any time without notice, and in the event of default, to pay collection charges, actual attorney fees, and court costs. Edwards may change credit limits or other credit terms at any time, in its sole discretion. Edwards also reserves the right to suspend performance on any purchase order until payment is received for any unpaid past due balance. Applicant agrees 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. Service charges up to 1½% per month, or the maximum amount allowed by law, to any balance not paid in accordance with Edwards' terms and conditions. These terms and conditions are governed by the laws of the State of Michigan, and if suit is necessary to recover payment, state and federal courts whose district include Kalamazoo County, Michigan, have jurisdiction and proper venue.

Authorized Signature: _____ Date: _____

Title: _____



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.