



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: \_\_\_\_\_

# Form ST-4 Sales Tax Resale Certificate

Rev. 8/00  
Massachusetts  
Department of  
Revenue

91-1017  
Name of purchaser \_\_\_\_\_ Social Security or Federal Identification number \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of business in which purchaser is engaged: \_\_\_\_\_

Type of tangible personal property or service being purchased (be as specific as possible): \_\_\_\_\_

Name of vendor from whom tangible personal property or services are being purchased: \_\_\_\_\_

**Edwards Garment Company**

Address	City/Town	State	Zip
4900 S 9th Street	Kalamazoo	MI	49009

I hereby certify that I hold a valid Massachusetts Vendor's Registration, issued by the Commissioner of Revenue, pursuant to Massachusetts General Laws, Chapter 64H, section 7, and that I am in the business of selling the kind of tangible personal property or services being purchased under this certificate, and that I intend to sell such property or services in the regular course of my business.

**Signed under the penalties of perjury.**

Signature of purchaser \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Check applicable box:**  Single purchase certificate  Blanket certificate

**Notice to Vendors**

1. Massachusetts General Laws assume that all gross receipts of a vendor from the sale of tangible personal property and services are from sales subject to tax, unless the contrary is established. The burden of proving that a sale of tangible personal property or service by any vendor is not a retail sale is placed upon the vendor unless he/she accepts from the purchaser a certificate declaring that the property or service is purchased for resale.
2. A resale certificate relieves the vendor from the burden of proof only if it is taken in good faith from a purchaser who is engaged in the business of selling tangible property or services and who holds a valid Massachusetts sales tax registration.
3. The good faith of the vendor will be questioned if he/she has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property or services. For example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling the kind of merchandise or service he/she is purchasing under this certificate would constitute grounds to question the good faith of the vendor.
4. The vendor must make sure that the certificate is filled out properly and signed before accepting it.
5. The vendor must retain this certificate as part of his/her permanent tax records.

If you have any questions about the acceptance or use of this certificate, please contact:

**Massachusetts Department of Revenue  
Customer Service Bureau  
PO Box 7010  
Boston, MA 02204  
(617) 887-MDOR or toll-free, in-state 1-800-392-6089.**

**Notice to Purchasers**

1. This certificate is to be used when the purchaser intends to resell the tangible personal property or service in the regular course of business. Manufacturers claiming an exempt use of the materials, tools and fuel which will be used in the manufacture, processing or conversion of tangible personal property should use Form ST-12, Exempt Use Certificate. Tax-exempt organizations making purchases for other than resale are to use Form ST-5, Exempt Purchaser Certificate.
2. The purchaser must hold a valid Massachusetts vendor registration. If you need to apply for a registration, please complete and file Massachusetts Form TA-1, Application for Original Registration. Form TA-1 may be obtained at any DOR office or by calling (617) 887-MDOR or toll-free, in-state 1-800-392-6089.
3. This certificate must be signed by and bear the name and address of the purchaser and his/her Federal Identification number. This certificate must also indicate the type of tangible personal property purchased and resold by the purchaser.
4. If a purchaser who gives a certificate makes any use of the property other than retention, demonstration or display while holding it for sale in the regular course of business, such property will be subject to the Massachusetts sales or use tax, as of the time the property is first used by him/her.
5. If you are engaged in a service activity, and are unsure as to the eligibility of the tangible personal property being purchased for resale, see the regulation on Service Enterprises, 830 CMR 64H.1.1.
6. For further information about the use of resale certificates, see the regulation on Resale and Exempt Use Certificates, 830 CMR 64H.8.1.

**Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.**

**This form is approved by the Commissioner of Revenue and may be reproduced.**