



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

Date: Taken By: Sold To: Legal Name: Address: City, State, Zip: Ship To: Address: City, State, Zip: Telephone: Fax: INTERNAL USE ONLY: CUST. #: D&B: SIC #: SALES REP: CR RESP: CR LIMIT: DISCOUNT: SALES TAX: COUNTY: ASI/PPAI#: E-Mail:

Name of Principal(s) Name of Contact(s) 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.

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: _____

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 service¹ 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 ²	_____	MO ¹³	_____
AR	_____	NE ¹⁴	_____
AZ ²²	_____	NV	_____
CA ³	_____	NJ	_____
CO ¹	_____	NM ^{1,15}	_____
CT ⁴	_____	NC ²⁵	_____
DC ⁵	_____	ND	_____
FL ²³	_____	OH ²⁶	_____
GA ⁶	_____	OK ¹⁶	_____
HI ^{1,7}	_____	PA ²⁷	_____
ID	_____	RI ¹⁷	_____
IL ^{1,8}	_____	SC	_____
IA	_____	SD ¹⁸	_____
KS	_____	TN	_____
KY ²⁴	_____	TX ¹⁹	_____
ME ⁹	_____	UT	_____
MD	_____	VT	_____
MI ¹¹	_____	WA ²⁰	_____
MN ¹²	_____	WI ²¹	_____

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: _____