



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. #: _____

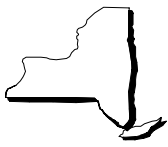
Terms and Conditions:

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: _____



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.