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