



4900 S. 9th Street - Kalamazoo, MI 49009-9552

Customer Service: Ph: (800) 253-9885

Credit/Accounting: Ph: (800) 234-4909

Fax: (800) 305-3513

Website: [www.edwardsgarment.com](http://www.edwardsgarment.com)

### DISTRIBUTOR PROFILE/CREDIT AGREEMENT

Date: \_\_\_\_\_

Company Name: (dba) \_\_\_\_\_

Legal Name: (if different) \_\_\_\_\_

Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Ship To: (if different) \_\_\_\_\_

Address: \_\_\_\_\_ Ste: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Name of Owner/Principal(s)**

**Name of Contact(s)**

1. \_\_\_\_\_ Authorized Buyer: \_\_\_\_\_

2. \_\_\_\_\_ Authorized Buyer: \_\_\_\_\_

3. \_\_\_\_\_ General Manager: \_\_\_\_\_

**Associations**

Please provide the number or name of associations with whom you are a member (provide all that apply):

ASI: \_\_\_\_\_ PPAI: \_\_\_\_\_ SAGE: \_\_\_\_\_

PPPC: \_\_\_\_\_ NACM: \_\_\_\_\_ Buying Group: \_\_\_\_\_

**Type of Business**

Legal Structure: \_\_\_\_\_ Year Established: \_\_\_\_\_

Primary Business Operation: \_\_\_\_\_

**Channels**

Please indicate what channels your business sells through (select all that apply):

Direct Sales Rep                      Wholesale                      Retail Outlets                      Rental  
Website (if so, please supply url) \_\_\_\_\_

3rd Party Marketplaces (select all that apply):

Amazon              Walmart              Google              Ebay              Sears              Other: \_\_\_\_\_

**Requested Terms** (please select): \_\_\_\_\_

**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 shipping instructions may be provided below, or otherwise in writing to Edwards. If you require compliance with a routing guide, 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.

**Email To Receive Invoices:** \_\_\_\_\_

**How Did You Hear About Us** (please select): \_\_\_\_\_

Do you have any additional locations you would like to establish an account for? If so, please attach information for each location (company name, contact name, address, phone, fax, email).



## DISTRIBUTOR PROFILE/CREDIT AGREEMENT (continued)

### 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.#:** \_\_\_\_\_

### 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 not display Edwards products for sale on any third-party websites or marketplaces without prior written authorization from Edwards.** 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 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 the 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 1<sup>1/2</sup>% 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:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

I agree to comply with all [Edwards Policies](#) and [Terms of Use](#).

## UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine 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 Street, Kalamazoo, MI 49009

I certify that:

Name of Firm (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

Address (contd): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZipCode: \_\_\_\_\_

is engaged as a registered

Wholesaler

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, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the Seller: Apparel

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>1</sup>		MO <sup>16</sup>	
AR		NE <sup>16</sup>	
AZ <sup>2</sup>		NV	
CA <sup>3</sup>		NJ	
CO <sup>4</sup>		NM <sup>4,17</sup>	
CT <sup>5</sup>		NC <sup>18</sup>	
FL <sup>6</sup>		ND	
GA <sup>7</sup>		OH <sup>19</sup>	
HI <sup>4,8</sup>		OK <sup>20</sup>	
ID		PA <sup>21</sup>	
IL <sup>4,9</sup>		RI <sup>22</sup>	
IA		SC	
KS		SD <sup>23</sup>	
KY <sup>10</sup>		TN	
ME <sup>11</sup>		TX <sup>24</sup>	
MD <sup>12</sup>		UT	
MI <sup>13</sup>		VT	
MN <sup>14</sup>		WA <sup>25</sup>	
		WI <sup>26</sup>	

I further certify that if any property or service so purchased tax free is used or consumed 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 that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee 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, or other authorized signer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_