

## DISTRIBUTOR PROFILE

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

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

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

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

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

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**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: \_\_\_\_\_

**Industries You Sell To (select all that apply):**

- |                 |                 |                |              |
|-----------------|-----------------|----------------|--------------|
| Assisted Living | Automotive      | Casinos/Gaming | Food Service |
| Healthcare      | Hotels/Resorts  | Restaurants    | Retail       |
| Security        | Stadiums/Arenas | Theme Parks    | Transit      |

**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:** \_\_\_\_\_

## CREDIT AGREEMENT

**Trade References:**

1. Supplier's Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Acct.#: \_\_\_\_\_
  
2. Supplier's Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Acct.#: \_\_\_\_\_
  
3. Supplier's Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ 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</sup>/<sub>2</sub>% 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](#).

**Do not send this form to the Streamlined Sales Tax Governing Board. Send the completed form to your supplier and keep a copy for your records.**

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

**1. Check if you are attaching the Multistate Supplemental form.**

**If not, enter the two-letter abbreviation** for the state under whose laws you are claiming exemption.

**2. Check if this certificate is for a Single Purchase Certificate.** Enter the related invoice/purchase order # \_\_\_\_\_.

**3. A. Name of purchaser**

B. Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

C. Purchaser's tax ID number \_\_\_\_\_ State of Issue \_\_\_\_\_ Country of Issue \_\_\_\_\_

D. If no tax ID number, enter one of the following: FEIN \_\_\_\_\_

E. Driver's License Number/State Issued ID number \_\_\_\_\_ State of Issue \_\_\_\_\_

F. Foreign diplomat number \_\_\_\_\_

G. Name of seller from whom you are purchasing, leasing or renting \_\_\_\_\_

H. Seller's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Print or type

**4. Purchaser's Type of business.** Circle the number that best describes your business.

Circle type of business

- |   |                                       |
|---|---------------------------------------|
| 01 Accommodation and food services            | 11 Transportation and warehousing     |
| 02 Agriculture, forestry, fishing, hunting    | 12 Utilities                          |
| 03 Construction                               | 13 Wholesale trade                    |
| 04 Finance and insurance                      | 14 Business services                  |
| 05 Information, publishing and communications | 15 Professional services              |
| 06 Manufacturing                              | 16 Education and health-care services |
| 07 Mining                                     | 17 Nonprofit organization             |
| 08 Real estate                                | 18 Government                         |
| 09 Rental and leasing                         | 19 Not a business                     |
| 10 Retail trade                               | 20 Other (explain) _____              |

**5. Reason for exemption.** Circle the letter that identifies the reason for the exemption.

Circle or check reason for exemption

- |  |   |
|--|---|
| A Federal government (Department) _____  | H Agricultural Production # _____             |
| B State or local government (Name) _____ | I Industrial production/manufacturing # _____ |
| C Tribal government (Name) _____         | J Direct pay permit # _____                   |
| D Foreign diplomat # _____               | K Direct Mail # _____                         |
| E Charitable organization # _____        | L Other (Explain) _____                       |
| F Religious organization # _____         | M Educational Organization # _____            |
| G Resale # _____                         |   |

**6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.**

Sign here

Signature of authorized purchaser \_\_\_\_\_ Print name here \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Purchaser \_\_\_\_\_

State	Reason for exemption	Identification number (if required)
AR	_____	_____
GA	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
RI	_____	_____
OK	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

*SSUTA Direct Mail provisions are not in effect for Tennessee.*

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

State	Reason for exemption	Identification number (if required)
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____