

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 1¹/₂% 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](#).

CANADA UNIFORM SALE & USE TAX CERTIFICATION MULTI-PROVINCE PURCHASE EXEMPTION CERTIFICATE (PEC)

Canadian manufacturers or resellers may be exempt from PST/ QST by completing this form.

The below-listed provinces have indicated that this form of certificate is acceptable for PST exemption. 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 : _____

Address/Auction: _____

Date of Purchase: _____

I certify that: [Name of Firm (Buyer)] _____ at [Address]

_____ is engaged as a registered

Wholesaler Retailer Manufacturer Seller

and is registered with the below listed provinces 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 service 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/Reason of Exemption:

List of Items or services purchased from the seller:

Registration ID Number of Purchaser (Vendor Permit #): _____

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 that 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: _____

Please Note: This form is applicable to Canadian buyers for Multi-Province Tax Exemption only. Canadian manufacturers or Canadian resellers are exempt by filling out this form.