



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

Form with fields for Date, Sold To, Legal Name, Address, City, State, Zip, Ship To, Telephone, and a box for INTERNAL USE ONLY containing CUST. #, D&B, SALES REP, CR LIMIT, SALES TAX, SIC #, CR RESP, DISCOUNT, COUNTY.

Form with columns for Name of Principal(s) and Name of Contact(s), with rows for Authorized Buyer and General Manager.

If Applicant, Affiliates or Principals have ever done Business with Edwards, List Name & Address:

Blank lines for listing business partners.

Form for Applicant Information including Corp./LLC + Date Inc., Partnership + # Years, Sole Proprietor + # of Years, and 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.

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 _____

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)



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: _____

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. **This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft.** Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)

Name of Purchaser _____

Business Address _____ City _____ State _____ Zip _____

Purchaser must provide minimum of one ID number below.*

Provide your Indiana Registered Retail Merchant's Certificate
TID and LOC Number as shown on your Certificate.....

TID# (10 digits)	LOC# (3 digits)
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If not registered with the Indiana DOR, provide your State Tax
ID Number from another State.....

State ID#	State of Issue
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***See instructions on the reverse side if you do not have either number.**

Section 2

Is this a blanket purchase exemption request or a single purchase exemption request? (check one)

Description of items to be purchased. apparel

Section 3

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

Sales to a retailer, wholesaler, or manufacturer for **resale** only.

Sale of manufacturing machinery, tools, and equipment to be used directly in direct **production**.

Sales to **nonprofit organizations** claiming exemption pursuant to Sales Tax Information Bulletin #10.
(May not be used for personal hotel rooms and meals.)

Sales of tangible personal property predominately used (greater than 50 percent) in providing **public transportation** - provide USDOT#.
A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a **school bus operator**, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT# _____

Sales to persons, occupationally engaged as farmers, to be used directly in production of **agricultural** products for sale.
Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.

Sales to a **contractor** for exempt projects (such as public schools, government, or nonprofits).

Sales to **Indiana Governmental Units** (agencies, cities, towns, municipalities, public schools, and state universities).

Sales to the **United States Federal Government** - show agency name. _____
Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.

Other - explain. _____

Section 4

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (*either negligent or intentional*), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser _____ Date _____

Printed Name _____ Title _____

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.