



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.

Applicant Is:

Form with fields for Corp./LLC + Date Inc., Partnership + # Years, Sole Proprietor + # of Years.

Form with fields for Type of Business by %: Manufacturer, Uniform Wholesale/Retail, Laundry, Embroidery/Screenprinting, Promotional Products.

Form with fields for Requested Credit Limit and Anticipated Annual Purchases.

Form with fields for Are You Sales Tax Exempt? and State.

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...

Applicant Shipping Instructions:

Form with field for Do you require compliance with a routing guide?.

How do you wish to receive your invoices: (Please check One)

Form with checkboxes for E-Mail and Fax.

How did you hear about us?

Form with checkboxes for 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: _____

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. 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: **Edwards Garment Company** _____

Address: **4900 S. 9th St, Kalamazoo, MI 49009** _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

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, ingredients or components of a new product or service¹ 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: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

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 which 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: _____