

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

		INTERNAL USE ONLY			
	Taken By:				
					SIC #:
					CR RESP:
Address:		Ste	CR LIMIT:		DISCOUNT:
City, State, Zip:			SALES TAX:		COUNTY:
Ship To: (if different)					
Address:		Ste	E-Mail:		
City, State, Zip:			ASI/PPAI#: _		
Telephone:		Fax:			
	of Principal(s)	_ Authorized Buyer: _	**	Contact(s)	
3.		General Manager:			
	Partnership + Manufacturer%				rs:%
	Embroidery/Screenprinting	% Promotio	nal Products	%	
Requested Credit Limit:		Anticipated Annu	ual Purchases:		
Are You Sales Tax Exemp	t <u>?</u> : No Yes	State: (If yes,	completed exemption for	orm must be on file)	
with your order, or standard sporouting guide, please indicate the	round by carriers selected at the disc ecial shipping instructions may be pro- he same below and attach or provide rour account as determined by the sh	ovided below, or otherwise the routing guide before or	in writing to Edwards	. If you require co	mpliance with a
	with a routing guide?: No	Yes (If yes	please attach the prope	r routing instructions	Y
15 5 2	ve your invoices: (Please check		,		,
How did you hear about u Advertisement Press Do you have any addition	s? Release Trade Show E al locations you would like to e lation for each location (compa	stablish an account for	r?		-



Account Profile/Credit Application (continued)

Name: Contact: Phone: Phone: Checking Acct.#: Savings Acct.#: Acct.#: Acct.#: Savings Acct.#: Acct.#: Acct.#: Savings Acct.#: Acct.#: Acct.#: Savings Acct.#:	Bank Reference:				
Checking Acct.#: Savings Acct.#: City: State:	Name:		Cont	act:	
Loan(s) Acct. #: Trade References: 1. Supplier's Name:	City:	Sta	te:	Phone:	=======================================
Trade References: 1. Supplier's Name:	Checking Acct.#:		Savings Acct.#:		
1. Supplier's Name:	Loan(s) Acct. #:				
1. Supplier's Name:	Trada Pafarancas				
Phone: Fax: City: State: Phone: Fax: Acct. #: 2. Supplier's Name: Fax: Acct. #: Phone: Fax: Acct. #: 3. Supplier's Name: Fax: Acct. #: Phone: Fax: Acct. #: 4. Supplier's Name: Fax: Acct. #: 4. Supplier's Name: Fax: Acct. #: Phone: Fax: Acct. #: 7. State: Phone: Fax: Acct. #: 1. Supplier's Name: Fax: Acct. #: 1. Acct. #: 2. State: Acct. #: 2. Supplier's Name: Fax: Acct. #: 2. State: Acct. #: 3. Supplier's Name: Fax: Acct. #: 2. State: Acct. #: 3. Supplier's Name: Fax: Acct. #: 2. State: Acct. #: 3. Supplier's Name: Acct. #: 2. State: Acct. #: 3. Supplier's Name: Acct. #: 2. State: Acct. #: 3. Supplier's Name: Acct. #: 4. Supplier Name: Acct. #: 2. State: Acct. #: 3. Supplier's Name: Acct. #: 4. Supplier Name: Acct. #: 2. State: Acct. #: 3. Supplier's Name: Acct. #: 4. Supplier Name: Acct. #: 2. State: Acct. #: 3. Supplier Name: Acct. #: 4. Supplier Name: Acct. #: 2. State: Acct. #: 3. Supplier Name: Acct. #: 4. Supplier Name: Acct. #: 2. State: Acct. #: 3. Supplier Name: Acct. #: 4. Supplier Name: Acct. #: 4. Supplier Name: Acct. #: 2. State: Acct. #: 3. Supplier Name: Acct. #: 4. Supplier Name: Acct. #: 5. State: Acct. #: 6. Supplier Name: Acct. #: 6. Supplier Name: Acct. #: 6.			City		Chata
2. Supplier's Name: Fax: Acct. #:			-		
Phone: Fax: City: State: Phone: Fax: City: Acct. #:	Phone:	Fax:	-	Acct. #:	
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3. Supplier's Name:					
Phone: Fax: City: State:	Pnone:	Fax:		ACCL. #:	
Phone: Fax: City: State:	3. Supplier's Name:		City:		State:
A. Supplier's Name:					
Phone:	Thore:	I u		Acc. #	
Phone:	4. Supplier's Name:		City:		State:
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 t					
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Authorized Signature: Date:					
				,	
	Authorized Signature			Date:	
	Title:				*

Wyoming Sales Tax Exemption Certificate (see instructions)

Tax must be collected on all sales of tangible personal property or taxable services unless an **Exemption Certificate or Direct Pay Permit is** furnished. Read instructions on back of form before completing this Certificate.

Issued to (Seller): Edwards Garment Company	Date Issued:						
Street Address 4900 S 9th Street City Kalamazoo	State MI Zip Code 49009						
To Be Completed By Purchaser: I, the undersigned, hereby certify that I am making an exempt purchase as follows:							
Wyoming or Out of State Vendors sales/use tax license/registration number							
My principal business or activity is							
I claim an exemption for the following reason(s) (place an X in applicable box or boxes):							
Purchase For Resale:							
1. Purchases made for resale or taxable services for resale. (Licensed ven	dors only.)						
Purchase By Commercial Agricultural Producer:							
2. Purchase of farm implements.							
3. Purchase of livestock kept for agricultural use or for resale or for profit							
mules, asses, sheep, swine, llamas, bison, ostrich, emu, poultry, fish, ar							
4. Purchase of power or fuel used directly in agriculture. Must be metered	d, stored, or separately accounted for to distinguish it						
from non-exempt power or fuel.	as numaces. Also includes seeds mosts bulbs small						
5. Purchase of feeds used in commercial feeding of livestock for marketing plants, and fertilizer planted or applied to land, the products of which a	are to be sold or applied to land in a state or Federal						
crop set aside program.	are to be sold of applied to faild in a state of rederal						
Purchase of Rolling Stock:							
6. Purchase of rolling stock including locomotives purchased by interstate	e railroads, aircraft purchased by interstate air						
carriers which are holders of valid United States Civil Aeronautics Boa							
trailers, semitrailers, and passenger buses in excess of ten thousand (10							
purchased by common or contract carriers or which are operating in int							
federal law if they are to be used in interstate commerce.							
Purchase Made By Persons Engaged In Manufacturing, Processing, Or Com							
	7. Purchases of tangible personal property for manufacturing, processing or compounding if that property becomes an						
	ingredient or component of the final manufactured product and purchases of containers, labels, or shipping cases used for						
the tangible personal property so manufactured, processed, or compounded.							
8. Purchase of power or fuel by a person engaged in the business of manufacturing or processing when the same is consumed directly in manufacturing or processing. Must be metered, stored, or separately accounted for to distinguish it from							
non-exempt power or fuel.	paracety accounted for to distiliguish it from						
9. Purchase of power or fuel by a person engaged in the transportation bu	siness when the power or fuel is used in generating						
motive power for actual transportation purposes.	are position of fact to about in generating						
10. Purchases of fuel for use as boiler fuel in the production of electricity.							
Purchase Made By Exempt Organizations:							
11. *Purchase made by religious or charitable organizations.							
12. Purchase made by the United States Government.	· ·						
13. Purchase made by the State of Wyoming or its political subdivisions.							
14. Purchase made by Wyoming Joint Apprenticeship Training Programs.							
15. Purchase made by Wyoming Joint Powers Boards.							
16. *Purchase made by non-profit organizations providing meals or services to senior citizens.							
17. Purchase made by an Irrigation District created under W.S. 41-7-201 through W.S. 41-7-210.							
18. Purchase made by a Weed and Pest District.							
Purchase Made By Special Groups:							
19. Purchase made on the reservation by enrolled tribal members residing on the Wind River Indian Reservation.							
20. Purchases of noncapitalized equipment and disposable supplies used in the direct medical or dental care of a patient.							
21. Other: Specify:							
Note: * All exemptions marked with an asterisk require prior approval from the Department of Revenue before taking this exemption. Evidence of prior approval is a Department of Revenue letter of authority. I understand that by signing this certificate I may make "tax free"							
purchases of tangible personal property or purchase taxable services which are for ex-							
personal property used or consumed in a taxable manner. In addition, I understand that I will be liable for the tax due, plus substantial							
penalty and interest for any erroneous or false use of this certificate.							
Name of Purchaser	Street Address						
Signature of Owner, Partner, Officer of Corporation, etc.	City						
Title	State Zip						

KF.