



4900 s. 9th st _ Kalamazoo, MI 49009-9552

Customer Service: (800) 253-9885 Fax: (800) 234-9150

Credit/Accounting: (800) 234-4909 Fax: (800) 305-3513

Website: www.edwardsgarment.com

CUSTOMER PROFILE / CREDIT CARD TERMS

INTERNAL USE ONLY

Date: _____ Taken By: _____

CUST. #: _____

Company Name: (please print) _____

D&B: _____ SIC #: _____

Address: _____ Ste. _____

SALES REP: _____ CR RESP: _____

City, State, Zip: _____

CR LIMIT: _____ DISCOUNT: _____

Telephone: _____

SALES TAX: _____ COUNTY: _____

E-Mail: _____

Fax: _____

ASI/PPAI#: _____

Shipping Address (if different)

Address: _____ Ste. _____

City, State, Zip: _____

Name of Principal(s)

Authorized Buyer(s)

1. _____

1. _____

2. _____

2. _____

Legal Structure:

Type of Business by %

Corporation/LLC: _____

Promotional Products: _____% Embroidery/Screenprinting _____%

Partnership: _____

Manufacturer: _____% Uniform Wholesale/Retail: _____%

Sole Proprietorship: _____

Industrial Laundry: _____%

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 _____

Trade Shows

ASI _____ ISS _____ NAUMD _____ World Expo _____ PPAI _____ OTHER _____

Please note, an Edwards Credit Card Authorization form and Tax Exemption Certificate (if applicable), must also accompany this form prior to establishing an account. If interested in open credit terms, please contact and Edwards Representative.

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)
	If not registered with the Indiana DOR, provide your State Tax ID Number from another State.....		State ID#
	*See instructions on the reverse side if you do not have either number.		State of Issue

Section 2	Is this a <input checked="" type="checkbox"/> blanket purchase exemption request or a <input type="checkbox"/> single purchase exemption request? (check one)
	Description of items to be purchased. <u>apparel</u>

Section 3	Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)
	<input checked="" type="checkbox"/> Sales to a retailer, wholesaler, or manufacturer for resale only.
	<input type="checkbox"/> Sale of manufacturing machinery, tools, and equipment to be used directly in direct production .
	<input type="checkbox"/> Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
	<input type="checkbox"/> 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# _____
	<input type="checkbox"/> 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.
	<input type="checkbox"/> Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
	<input type="checkbox"/> Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
	<input type="checkbox"/> 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#.
	<input type="checkbox"/> 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, (<i>either negligent or intentional</i>), 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.