

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 Ac	ddress (if different)	
Address:	Ste	
City, State, Zip:		
Name of Principal(s)		Authorized Buyer(s)
1		1
2		2
Legal Structure:	Type of Busine	iness by %
Corporation/LLC:	Promotional Pro	Products:% Embroidery/Screenprinting%
Partnership:	Manufacturer	rer:% Uniform Wholesale/Retail:%
Sole Proprietorship:	Industrial Launc	ındry:%
How do you wish to receive your E-Mail: ☐ Fax: ☐	invoices: (Please check One)	
How did you hear about us?		
Advertisement Press Releas	se Trade Show Established Custo	stomer Web Site Other
Do you have any additional locat	ions you would like to establish an acc	ccount for?
If so, please attach information (b	business name, contact name, address	ss, phone, fax, email) for each location

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.



Credit Card Authorization

I do hereby authorize Edwards Garment Company to process credit card transactions from the information provided hereon. I agree that credit card orders will be charged to my credit card account at the time of shipment. I understand credit card orders are an alternative to credit terms, and orders that are invoiced under credit terms may not be paid via credit card. I agree that Edwards may charge the cost of an order to my credit card account listed below, without having to obtain the undersigned's signature on each individual credit card transaction. I also agree orders processed under a credit card do not qualify for any discounts that may be available under credit terms.

I agree that it is my sole responsibility to notify Edwards Garment Company in writing, of any changes to the information listed below. Edwards Garment Company will not be held liable for any unauthorized purchases and charges to the credit card account(s) listed below as a result of failure to receive written notification of said changes. I agree in the event any terms or pricing on a purchase order executed by my company are inconsistent with Edwards' terms, pricing and policies; Edwards' terms, pricing and policies shall take precedence. Edwards must consent to any modifications in writing. I agree 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. I also agree that my company is fully responsible for any obligation not paid pursuant to this authorization. My signature below confirms that I have the authority to bind the business and/or person(s) named below as a customer to this agreement, and that I understand and accept the terms and conditions presented.

Edwards Account Number:		Date:	
VISA	(Please Check One)		MasterCard
Credit Card Number:		Expiration Date:	
CARDHOLDER'S EXACT NAME & BIL			
Company/Cardholder Name(s): Address:			
City/State/Zip Code:			
Authorized Signature		Printed Name	
Please check if you wish to hav	e all purchase orders automatic	ally billed to the credit card list	ed above.

Please mail or fax this completed form to: Edwards Garment Company Attn. Customer Service 4900 S. 9th Street Kalamazoo, MI 49009 Fax (800) 305-3513

COMMONWEALTH OF VIRGINIA SALES AND USE TAX CERTIFICATE OF EXEMPTION

(For use by a Virginia dealer who purchases tangible personal property for resale, or for lease or rental, or who purchases materials or containers to package tangible personal property for sale)

(Name of supplier)	Date		,	
4900 S 9th Street (Number and street or rural route)	Kalamazoo (City, town, or post office)	MI (State)	49009 (ZIP Code)	
The Virginia Retail Sales and Use Tax Act provides that purchased for resale; that such tax shall not apply to tangible rental as an established business or part of an established business and taxable leaseback. The Act provides also that succans, boxes, drums or bags if the materials are marketed with This Certificate of Exemption may not be used by a using the same taxable leaseback.	e personal property purchased for future use siness, or incidental or germane to such bus th tax shall not apply to packaging materials a product being sold and become the proper	by a person for to siness, including such as container ty of the purchase	axable lease of a simultaneous s, labels, sacks er.	
The undersigned dealer hereby certifies that all tangible date will be purchased for the purpose indicated below, unless effect until revoked in writing by the Department of Taxation.	s otherwise specified on each order, and that			
1. Tangible personal property for RESALE only.				
 Tangible personal property for future use by a p an established business, or incidental or germa 				
 3. Packaging materials such as containers, labels, and become the property of the purchaser. 	sacks, cans, boxes, drums or bags that are ma	arketed with a pro	duct being solo	
	Certificate of Registration No.			
Name of Dealer		•		
Name of Dealer Trading as	Registration No.	•		
	Registration No.	•		
Trading as	Registration No.	(State)	(ZIP Code)	
Trading asAddress	(City, town, or post office)	(State)		
Trading as	(City, town, or post office) f Exemption and that, to the best of my kno	(State)	(ZIP Code)	
Address	(City, town, or post office) f Exemption and that, to the best of my kno	(State)	(ZIP Code)	

Information for supplier — A supplier is required to have on file only one Certificate of Exemption properly executed by the dealer

Virginia Department of Taxation (REV. 10/99)

who buys tax exempt tangible personal property for the purpose indicated hereon.

must sign.)