

100 COFFEE STREET MONTGOMERY, AL 36104

334-264-6158 • sales@southernshutter.com

APPLICATION FOR CREDIT

MUST send a copy of your BUSINESS LICENSE and your SALES TAX EXEMPTION CERTIFICATE

Company Name			
Phone	Sales Email		
Billing Address:		ing Address:	
			_
Corporation Partners	ship Sole Proprieto	orship LLC	Other
Date Business Started		Type Of Business	
Federal Tax I.D.#	Sa	ales Tax Exemption# _	
Do you have a Showroom? Who may we thank for your referral?			eferral?
List Officers, Owners, or P	artners:		
Name	Home Address		Social Security No.
Name	Home Address		Social Security No.
Name	Home Address		Social Security No.
Bank Name	Agge	nt Number / Douting	
Type Of Account	Accou	nt Number / Routing:	
Type of Account			
OFFICE USE ONLY:	CREDIT REF PROVIDED _		ACCOUNT NUMBER
CREDIT APP COMPLETE	CREDIT REF SENT		
BUS LICENSE	CREDIT REF RECD		PAYMENT TERMS

TRADE REFERENCES

Company Name				
Address				
City		State	Zip	
Acct#	AP EMail Contact			
Company Name				
Address				
City		State	Zip	
Acct#	AP EMail Contact			
Company Name				
Address				
City		State	Zip	
Acct#	AP EMail Contact			
Company Name				
Address				
City		State	Zip	
Acct#	AP EMail Contact			
Company Name				
Address				
City		State	Zip	
Acct#	AP EMail Contact			

TERMS AND CONDITIONS: Payment due the 10th day of the following month. Our orders are shipped FOB. *You must inspect all shipments upon arrival and note any damage on the bill of lading.* Failure to do so will negate any request for refunds or merchandise returns due to damage.

DEPOSITS: A 50% deposit is required on a customer's initial order.

INVOICING: Southern Shutter Company sends all invoices electronically via e-mail. The e-mail address provided on the front page will be used unless you provide a different one here:

Name			
E-Mail A	ddress		

LEGAL FEES: If credit is extended to the undersigned, then the undersigned agrees to pay all of Southern Shutter Company/Creditor's reasonable attorney fees, collection costs, and costs of litigation incurred in collecting any delinquent accounts of the undersigned.

AGREEMENT TO PAY: I, The undersigned, accept the fee charged as a legal and lawful debt and agree to pay any/all collection agency fees, (33.33%), attorney fees and/or court costs if such are necessary.

TELEPHONE CONSUMER PROTECTION ACT (TCPA): You agree, in order for us to service your account or to collect monies you may owe, Southern Shutter Company, and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us to use. Methods of contact may include using pre-recorded/ artificial voice messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that Southern Shutter Company, its employees and/or agents may contact me/us as described above.

By submitting this application you authorize Southern Shutter to make inquiries to the banking and/or trade references you have supplied.

I HAVE RI	EAD AND FUL	LY UNDERST	AND THE A	BOVE.

Name	Title	Date

INDIVIDUAL PERSONAL GUARANTY

1	, for and in consideration	n of your		
0	dit at my request to			
(herein referred to as the "Company" or "Debtor"), hereby personally guarantee the				
	payment to Southern Shutter Company (herein referred to as the "Creditor") of any			
obligation of the Company to the Creditor and I hereby agree to bind myself to pay the				
Creditor on demand any sum which may become due to the Creditor whenever the				
Company shall fail to pay the same in accordance with the credit policies established by the Creditor. It is understood that this guaranty shall be a continuing and irrevocable				
	indemnity for such indebtedness of the Company. I			
•	ault, non-payment and notice hereof and consent to any	_		
renewal of the credit agreement hereby guaranteed.				
	, ,			
Guarantor	Date			
Guarantor	 Date			
Guaranioi	Dale			
Witness	Date			