SOUTHERN SHUTTER COMPANY, INC.

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		Shipping Address	
			_
Corporation F	Partnership Sole Pro	pprietorship LLC	Other
Date Business Star	ted	Type Of Busines	s
Federal Tax I.D. #		Sales Tax Exemption #	<u> </u>
Do you have a Showroom? Who may we thank for your referral?			
List Officers, Owner	rs, or Partners:		
Name	Home Address		Social Security No.
Name	Home Address		Social Security No.
Name	Home Address		Social Security No.
Bank Name			
Bank Address			
City		State	Zip
Type Of Account		Account Number	
Checking			
Other			

TRADE REFERENCES

Company Name				
Address				
City		State	Zip	
Acct#	AP E-Mail Contact			
Company Name				
Address				
City		State	Zip	
Acct#	AP E-Mail Contact			
Company Name				
Address				
City		State	Zip	
Acct#	AP E-Mail Contact			
Company Name				
Address				
City		State	Zip	
Acct#	AP E-Mail Contact			
Company Name				
Address				
City		State	Zip	
Acct#	AP E-Mail 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:
NameE-Mail
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.

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Name	Title	Date

INDIVIDUAL PERSONAL GUARANTY , for and in consideration of your

1	, for and in consideration of your
extending credit at my request to	
payment to Southern Shutter Company (I obligation of the Company to the Creditor a Creditor on demand any sum which may Company shall fail to pay the same in account the Creditor. It is understood that this guaranty and indemnity for such indebted	"Debtor"), hereby personally guarantee the herein referred to as the "Creditor") of any and I hereby agree to bind myself to pay the become due to the Creditor whenever the ordance with the credit policies established by aranty shall be a continuing and irrevocable dness of the Company. I do hereby waive hereof and consent to any modifications of aranteed.
Guarantor	Date
Guarantor	Date
Witness	 Date