

CLAUSSEN'S FLORIST & GREENHOUSE
187 Main Street Colchester, VT 05446
Tel: 802/ 878-2361 Fax: 802/ 878-4952
www.claussens.com

Instructions for Completing Individual Personal Guarantee

1. If your business is a *corporation* then this form must be signed by the owner/owners.
2. If your business is a *dba*:
 - A. *If owned by a married couple* then one member of the married couple must sign along with an uninvolved co-signer or outside party.
 - B. *If owned by an individual* then the signature of the owner is required, along with an uninvolved co-signer (i.e. your spouse or family member).
3. For all other businesses, this form must be signed by an owner and an uninvolved third party.

Individual Personal Guarantee

In consideration of extending credit and for continued credit extension to the following business:

Business Name _____

Billing Address _____

Town _____ State _____ Zip _____

I hereby guarantee to Claussen's Florist & Greenhouse the payment, when due, of every claim and debt of the above business to Claussen's Florist & Greenhouse. This guarantee is given by the undersigned in order to induce Claussen's Florist & Greenhouse to extend and/or continue to extend credit to the above named business.

I hereby agree to bind myself to pay Claussen's Florist & Greenhouse on demand any sum which may be or become due to Claussen's Florist & Greenhouse by the above mentioned business whenever said business shall fail to pay the same, whether or not said business is an individual, partnership, corporation or any other legal entity.

At its election and in its sole discretion, Claussen's Florist & Greenhouse may demand and collect payment of overdue amounts, interests, late charges, costs and attorneys fees on the above account from either the above named business or the undersigned individually.

This individual guarantee is continuing and may only be revoked prospectively. Any such revocation to be effective must be in writing and signed and actually delivered to Claussen's Florist & Greenhouse.

DATE: _____

Guarantor Signature

Second Signature

Full name printed legibly

Full name printed legibly

Billing Address

Billing Address

Town, State, Zip Code

Town, State, Zip Code

(_____)_____
Phone Number

(_____)_____
Phone Number