



KLAMATH FALLS

5900 So. 6th Street Ste. B
 Klamath Falls, OR 97603
 (541) 885-5555 FAX (541) 884-1532

MEDFORD

3366 Crater Lake Ave
 Medford, OR 97504
 (541) 779-2855 FAX (541) 779-2829

MADRAS

712 NE 10th Street
 Madras, OR 97741
 (541) 325-5544 FAX (541) 475-6652

NAME: _____
 PHONE: _____ FAX: _____
 MAIL ADDRESS: _____
 STREET ADDRESS _____
 CITY: _____ STATE: _____ ZIP: _____

CORPORATION: _____ INDIVIDUAL: _____ PARTNERSHIP _____
 PRINCIPAL OWNERS/ OFFICERS/ PARTNERS YEARS IN BUSINESS _____

NAME	HOME ADDRESS	PHONE

BANK REFERENCES:

1. _____ ACCT # _____ PHONE _____ TYPE _____

CREDIT REFERENCES:

NAME	FAX	PHONE	CREDIT LIMIT

In consideration of extending credit to the above applicant, we the undersigned as individuals, owners, or corporate officers individually and/or jointly guarantee the payment of any and all future obligations of the above mentioned, which may be due and owing to individuals. Guarantors herein further agree to pay upon demand all costs and expenses of collection, including but not necessarily limited collection fees and/or attorney fees herein filed at 30% of the amount sought for collection together with interest on the outstanding principal balance at the rate of 18% per annum or 1.5% per month on any and all invoices not paid in accordance with the terms therein.

SIGNED: _____ DATE: _____
 SIGNATURE OF INDIVIDUAL GUARANTOR

DO YOU REQUIRE PURCHASE ORDERS _____ DO YOU WANT JOB NAME ON CONTRACT _____

MAIL OR FAX A COPY OF YOUR CERTIFICATE OF INSURANCE TO THE ABOVE ADDRESS. A DAMAGE WAIVER WILL BE CHARGED IF WE DO NOT HAVE A VALID CERTIFICATE OF RENTED & LEASED EQUIPMENT INSURANCE ON FILE.



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PERSONAL GUARANTEE AGREEMENT

In making this agreement for credit, the customer acknowledges receipt of **BULLET RENTAL & SALES, INC.** terms and pay a service charge of 2% per month, which is an annual percentage rate of 24% (twenty four) of all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorney fees and costs including attorney's fees for appeal.

I the undersigned personally, jointly and sererally guarantee(s) payment of all invoices and other charges as set forth above for the above noted firm and understand payments on accounts will be applied against the oldest open invoices.

Date: _____

PERSONAL GUARANTEE of account of: _____

Signature: _____ Printed Name: _____