

# Letter of Guarantee

This letter of guarantee is being accepted as a valid method of guaranteeing payment in lieu of a purchase order from your school or district.

Date: \_\_\_\_\_

### **School Information:**

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ Website: \_\_\_\_\_

District Phone: \_\_\_\_\_ School District: \_\_\_\_\_

### **Contact Information of person filling out guarantee:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Ext. x Email: \_\_\_\_\_

### **Accounting Department Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Accounting Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Ext. x Email: \_\_\_\_\_

### **Shipping Information:** same as School Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Additional Information:**

Estimated number of orders? \_\_\_\_\_ Amount of order/Order not to exceed: \$ \_\_\_\_\_

Are the funds currently available? \_\_\_\_\_ If not, when will they be available? \_\_\_\_\_

### **Initial:** (required)

\_\_\_\_\_ Payment is due 30 days from date on the invoice.

\_\_\_\_\_ There will be a 1.5% service charge per month on all past due invoices.

I have the authority to sign on behalf of the account indicated above. We will be responsible for payment of each invoice according to the terms set forth in this agreement. If payment is not received in accordance with the terms, we will accept responsibility for any collection charges that may be incurred.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Send completed forms to [sales@cheerleading.com](mailto:sales@cheerleading.com)