

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