PERSONAL GUARANTY

8160 Carmen Ave
Inver Grove Heights, MN. 55076
Office 651-455-9462 Fax 651-455-6641

Company Information

Company Name | Phone Number

Billing Address | Fax Number

City/State/Zip | Email Address

Corporation ☐ | Partnership ☐ | Sole Proprietorship ☐ | Other ☐

Type of Business: | Years in Business: | Account Payable Contact:

Federal Tax Id# | Tax Exempt? Yes ☐ No ☐ If yes, please attach Certificate of exemption | Credit Limit Requested

Names Of Owners, Officers, Or Those Responsible For Payment

Name | Home Address | Home Phone Number

Name | Home Address | Home Phone Number

Bank Information

Principle Bank Name | Contact Name

Fax Number | Email Address | Account Number

Personal Guaranty

In consideration of Midstate Disposal . extending credit to customer, the undersigned personally and individually guarantees unconditionally full and prompt payment of past, present and future obligations and terms due creditor from customer, hereby waiving notice of acceptance of this guaranty, notice of sale of goods, and/or labor provided customer and notice of default or change or extension of credit terms. Collection Costs: The undersigned Shall reimburse Midstate Disposal for all cost and expenses ,including all reasonable attorney's fees incurred by Midstate Disposal in connection with protection ,defense, or enforcement of this guaranty in any litigation or bankruptcy or insolvency proceedings. The undersigned consent to any extension of time for payment and assert that this is a continuing guaranty of payment to creditor until revoked in writing. This Guaranty shall be governed by laws of the state of Minnesota. Any action brought to enforce this agreement or interpret its terms shall be venued in Dakota County District Court

Guarantor Name | **Guarantor Signature** | **Date**

Authorization of Release

I hereby authorize any bank, trade reference, or supplier to furnish account information and payment experience on any accounts in my name(s). I further hold harmless any bank, trade reference, or supplier for providing information.

1) Terms: Net 30. No discounts.
2) Finance Charges: Customer agrees that a finance charge of 18% will be applied to any past due balances and will become part of the balance due.

I certify that this information is correct for the purpose of opening an account. Your credit terms are understood and we agree to proper and prompt payment in consideration of extended credit.

Print Name | **Authorized Signature** | **Title** | **Date**

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STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is/are personally known to me or satisfactorily proven to be the person who executed it for the purposes therein contained.

_____
Notary Public
Print Name: _____
(Seal)
My Commission Expires: