

Expect Excellence...
Expect Results

Advantage Plus



Credit Reporting Inc.

7998 West Thunderbird Road, Suite 109
Peoria, Arizona 85381
Call Monday-Friday 8:00-5:00 MST
Ph: 623-889-8999 Fax: 623-889-8998
Email: info@advpluscredit.com

Select One:
New Setup
Update Credit Card
Change of Address/Name

Employed by:
Company Name: _____

Phone: _____

Fax: _____

Address: _____

ADVANTAGE PLUS CREDIT REPORTING, INC. PERSONAL GUARANTY

As a part of the consideration for the execution of the foregoing Agreement, and in order to induce the execution thereof by Advantage Plus, the Undersigned (if more than one, then jointly and severally), as a direct and primary obligation, absolutely and unconditionally, guarantees to Advantage Plus and any assignee of Advantage Plus (hereinafter called "Holder"), the prompt payment of all debts to be paid and the performance of all terms, conditions, covenants and agreements of the Agreement, irrespective of any invalidity or unenforceability thereof or the security therefore. The Undersigned promises to pay all other Holder's expenses, including reasonable attorney's fees incurred in connection with enforcing all obligations under the Agreement or incurred by Holder in connection with enforcing this guaranty. The Undersigned waives notice of acceptance hereof, presentment, demand, protest, notice of protest or of any defaults and consents that the Holder may without affecting any obligation hereunder grant Subscriber any extension, modification, or indulgence under the Agreement, and may proceed directly against the Undersigned without first proceeding against Subscriber or liquidating or otherwise disposing of any security afforded Holder under the Agreement.

This guaranty shall be binding upon the respective heirs, executors, administrators, successors, and assigns of the Undersigned. For the purpose of resolving any issue pertaining to laws, this guaranty shall be deemed to be fully and solely performed and/or observed in the state of Arizona.

INDIVIDUAL GUARANTOR:

Signature* _____ Social Security Number* _____ Date _____

Print Name _____ Home Phone # _____

Residence Address _____ Work # _____

City/State _____ Zip _____ Cell/Mobil # _____

TERMS ARE NET 15 DAYS - any balance remaining shall be transferred to your credit card. Non-payment may result in suspension of service/access.

(Required)
Credit Card # _____ - _____ - _____ - _____ Expiration _____ / _____ / _____ Security Code _____

Email Address _____

*By signing above, Guarantor acknowledges and agrees that Advantage Plus is authorized to access their personal credit report from any and all national repositories for the purpose of evaluating your credit risk.

ADDRESS ON CARD

For Office Use Only:	
Verified by: _____	Date: _____
Position: _____	Phone #: _____
Advantage Plus Rep's _____	