



Credit Reporting

WE ARE THE DOOR TO CLOSING MORE LOANS

7998 W THUNDERBIRD RD STE 109
PEORIA, AZ 85381
EMAIL: Info@MyCreditSources.com

Call Monday - Friday 8:00 - 5:00 MST
PHONE: (623)-889-8999
FAX: (623)-889-8998

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

Company Name (Employed By): _____

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:

*Print Name _____ *Cell/Mobile # _____

*Residence Address _____ Work Phone # _____

*City/State _____ Zip _____ Home Phone # _____

TERMS ARE DUE UPON RECEIPT - any balance remaining shall be transferred to your credit card. Non-payment may result in suspension of service/access. Please fill out credit card information OR ACH Payment Authorization Below.

Credit Card Number _____ Expiration _____ Security Code _____

Account Type: Checking Savings

Account Name _____ Bank Name _____

Account Number _____ Routing Number _____

*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. Fill out form, print, sign and email to: delia@mycreditsources.com AND stephanie@mycreditsources.com

*Signature _____ *Social Security Number _____ *Date _____

FOR OFFICE USE ONLY	
Verified By: _____	Date: _____
Position: _____	Phone #: _____
Advantage Plus Rep's _____	