



SECTION E - Personal Guarantee Form

THIS FORM REQUIRES ALL SECTIONS TO BE COMPLETED IN ENTIRETY INCLUDING NOTARY.

PLEASE COMPLETE IF YOUR COMPANY HAS BEEN IN EXISTENCE FOR LESS THAN ONE YEAR OR IF REQUIRED BY THE CREDIT DEPARTMENT.

I \_\_\_\_\_ and \_\_\_\_\_
residing at \_\_\_\_\_ (Phone Number: \_\_\_\_\_)
for and in consideration of Regal Graphics (herin known as creditor) extending credit at my request to \_\_\_\_\_
\_\_\_\_\_ (herin known as debtor), of which I am the \_\_\_\_\_,

I herby personally guarantee to Regal Graphics N.A., the payment of any obligation of the debtor and herby agree to bind myself to pay Regal on demand any sum which may become due to the creditor by the debtor whenever the debtor shall fail to pay the same, plus any reasonable collection and attorney fees Regal Graphics incurs in collection of the debt.

IF LITIGATION IS REQUIRED, THE LAWS OF THE STATE OF MISSOURI WILL OVERRIDE ANY OTHER JURISDICTION AND WILL BE APPLIED TO THE COLLECTION OF THE DEBT.

It is understood that this guarantee shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the debtor.

By signing this Personal Guarantee, Guarantor(s) authorize Regal Graphics or its agents to investigate my (our) personal credit and financial records including my banking records. As part of such investigation, I (we) authorize Regal Graphics to request and obtain consumer credit reports on me (us) in connection with the opening, monitoring, renewal and extension of this and other accounts with Regal Graphics and the marketing of other products and services to me (us) and my (our) business by Regal. If I (we) request, Regal will tell me (us) whether my consumer report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the documentation.

SIGNATURE OF GUARANTOR: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SIGNATURE OF GUARANTOR (SPOUSE): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_ SSN: \_\_\_\_\_

Subscribed and sworn to before me, this day of \_\_\_\_\_ 20 \_\_\_\_\_

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

My commission expires: \_\_\_\_\_

(Notary Seal)