Tel +64-9-306 0450
Fax +64-9-306 0459

Personal Guarantee

To be signed by all directors of the applicant company.

Be aware that by signing this form, you each remain personally liable for these debts even if you cease to be a director of the company – in such an event, please contact Soft Solutions to arrange for a replacement guarantee form to be completed by the new and/or remaining directors.

1. We, the undersigned directors of _____ ("the customer"), agree that In the event the customer fails to pay legitimate debts owing to Soft Solutions Limited within 90 days of invoice, we, jointly and severally, personally undertake to pay those debts within 150 days from the date of the original invoice.

2. We further agree that in the event payment is not received within the 150 days specified and Soft Solutions incurs any costs such as collection agency fees or court costs to pursue the debt, those costs can be added to the original amount owing.

Full name _____ *Signature* _____

Address _____

Full name _____ *Signature* _____

Address _____

Full name _____ *Signature* _____

Address _____

Full name _____ *Signature* _____

Address _____

Date _____