

# Guarantor Form

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Debitsuccess ID      
 Contract Number

Members Name:

First Name (Guarantor):

Last Name (Guarantor):

Date of Birth (Guarantor)   /   /   1  9

Address 1

Phone - Home   -     -

Address 2

Phone - Work   -     -

Suburb

State   Post Code

Relationship to Member:

I HEREBY GUARANTEE THAT THE ABOVE NAMED MEMBER WILL HONOUR THE PAYMENT OBLIGATIONS HE/SHE HAS MADE UNDER THE CONTRACT BETWEEN THE ABOVENAMED MEMBER, DEBITSUCCESS PTY LTD AND (FACILITY NAME):

Facility Name:

IF THESE OBLIGATIONS ARE NOT MET I UNDERSTAND THAT I MAY BE HELD PERSONALLY LIABLE FOR ANY DEBT OWING BY THE MEMBER AND TAKE THE PLACE OF THE MEMBER UNDER THE TERMS OF THE CONTRACT THE MEMBER HAS ENTERED INTO.  
 I HAVE READ AND UNDERSTOOD MY OBLIGATIONS AS GUARANTOR.

Guarantors Signature:

Members Signature:

Date Signed:   /   / 2  0



**Please fax to 1800 88 99 77 along with the Debitsuccess contract to which this form relates**