SAMPLE

To: TransWorld Network Corp.

255 Pine Ave N
Oldsmar, Florida 34677

From: _____

Letter of Personal Guarantee

I _____ confirm that I will assume personal
(First and Last Name)

responsibility for all charges incurred on this account _____ if they are
(Company Phone Number)

not paid by _____.
(Company Name)

_____
(Print Name)

_____ _____
(Signature) **(Date)**

_____
(Social Security Number)

Address _____

_____

Note: Letter must be on official letterhead.