

I, _____, assume full responsibility for any and all debts incurred by myself and _____.

(Business Name)

Furthermore, I personally guarantee full and complete payment according to the terms set forth by Think, Inc. (THINK). I agree that should it be necessary for THINK to initiate any legal proceedings for the collection of any balance due under this account, that the action shall be brought and tried in Santa Clara County, California and I agree to pay THINK's reasonable costs of collection (including attorneys' fees) plus any late penalties assessed.

Home Street Address

City State Zip Social Security #

Signature Date