	nt of default in payment umber).	by	
himself/herself as ful pay all amounts there	ly bound by all provision	re of this guarantee, acknowledge(s) as of said contract, and expressly agree(s) to thin twenty four (24) hours and without aker-borrower.	
		Endorser/Guarantor (<u>a/c #</u>) Social Security #	
		Address	
		Endorser/Guarantor (a/c#) Social Security #	
		Address	
		County e state aforesaid, certify that Endorser/Guarantor	
		ally appeared before me this day and acknowledged the on of the foregoing instrument. Witness my hand and stamp or seal, thisday of, 20	