



GUARANTOR FORM

DEBIT SUCCESS REF NO:

MEMBERS NAME:

I, (GUARANTOR).....

RELATIONSHIP TO MEMBER.....

DATE OF BIRTH...../...../.....

OF: (ADDRESS)

.....

PHONE: HM (.....)..... WK (.....).....

HEREBY GUARANTEE THAT THE ABOVE NAMED MEMBER WILL HONOUR THE PAYMENT OBLIGATIONS HE/SHE HAS MADE UNDER THE CONTRACT BETWEEN THE ABOVENAMED MEMBER, ADFIT MEMBERSHIP SERVICES LTD AND (GYM 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 AND I HAVE READ AND UNDERSTOOD

GUARANTOR'S SIGNATURE:

MEMBER'S SIGNATURE:

DATED: __/__/__