

(church name)

Rent Pre Guarantee Form

Date _____

Name of Landlord _____

Name of Manager _____

Mailing Address _____

Telephone _____ Fax _____

Tenant Name _____

Tenant Address _____

Client Name if Different _____

(church name) will pay \$_____ after the
above client pays the balance of \$_____ by _____
(date)

If client does not pay the balance by the date indicated, (church name) is not obligated for any payment.

Once we receive the payment receipt, a Guarantee of Payment form will be faxed and payment made within 3 working days.

_____ Church Representative

(address, phone, fax)