

RIVON LAW FIRM, PLLC

GUARANTEE AGREEMENT TO ACCOMPANY FEE AGREEMENT

CLIENT NAME: _____

GUARANTEE NAME: _____

CONTINUING GUARANTEE OF PAYMENT:

I guarantee payment of all sums due under the Fee Agreement of the named Client. I am not the Client under the Agreement, and understand that the Firm's ethical duty and contractual obligations are on behalf of the Client. I understand that I may not direct the course of litigation or handling of matters described in the Agreement, and that I have no independent right, other than that directed by the Client, to be kept informed of matters described in the Agreement. I waive all rights to receive any documents that may otherwise be considered privileged or work product. I understand that I will not be copied with all documents and correspondence and that I shall look solely to the Client for any information. I agree to pay all sums that come due under the Agreement for Employment within five (5) days of notification from the Firm. It shall not be necessary for the Firm to first attempt to be paid by the Client. Bankruptcy or insolvency of the Client shall not affect my obligations under this agreement. In the event that it becomes necessary for the Firm to file suit or make a claim in bankruptcy to recover the amounts due under this Guaranty Agreement, I agree to pay reasonable attorney fees, expenses and costs incurred, in addition to any other sums recovered. This Guarantee may not be revoked. **A copy of driver's license or an alternate picture ID is REQUIRED.**

I authorize the Firm to initiate recurring debit or credit entries to my Depository according to the terms below and for my Depository to debit or credit the same to such account. I acknowledge that the Firm charges a 3% convenience fee for all credit card charges. In the event that this or any future electronic payment is returned unpaid for any reason, I understand that a \$20.00 return fee will be electronically debited from my account.

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone No: (Home) _____ (Cell) _____

Email: _____

Social Security Number: _____ Date of Birth: _____

Card Type: MasterCard Visa Discover American Express

Card Number: _____

Expiration Date: _____ Security Code: _____

eCheck option: Account Holder Type: Individual Account Business Account

Account Type: Checking Savings (check one)

Account Number: _____

Routing Number: _____

RIVON LAW FIRM, PLLC

Guarantor (signature): _____

Printed Name: _____

Date: _____

A copy of driver's license or an alternate picture ID is REQUIRED.