

(LETTERHEAD OF ISSUING BANK)

BANK GUARANTEE FORM LETTER

Date: _____

(Address Bank Guarantee letter to):

Robin Kimray - Mixed Beverage Store
Gastonia Alcoholic Beverage Control System
P. O. Box 129
Gastonia, NC 28053

RE: _____
(Enter name of permittee's business)

It has been brought to our attention that the Gastonia ABC System will not accept checks drawn on the account of **(permittee's name)** for the purchase of alcoholic beverages unless the payment of those checks is guaranteed by the permittee's bank.

Consistent with your request, **(name of your bank)**, will extend credit to the **(permittee's name)** to support payment for purchases from the Gastonia Alcoholic Beverage Control Board in an amount not to exceed \$_____ (this amount is determined between the permittee and his/her bank).

This guaranty will be effective from _____ and will expire on _____ (or if there is no expiration date, "is good until further notice").

If you should have any questions regarding this matter, please contact me at _____ **(bank representative's phone number)**.

FOR AND ON BEHALF OF _____ BANK

Bank Representative's Signature _____

Bank Representative's Name _____
(typed or printed)

Bank Representative Title _____