AMOUNT \$	BOND NO

UTILITY SERVICE GUARANTY BOND

KNOW ALL MEN BY THESE PRESENTS, that	
Principal, hereinafter called Principal, and	
as Surety, hereinafter called Surety, are held and firmly bound hereinafter called Obligee, in the aggregate sum of	_
payment of which sum will and truly be made, we the Principa	al and Surety above named bind ourselves, our heirs, executors,
administrators and successors, jointly and severally by these pr	resents.
WHEREAS, The Principal has requested, and the Obl	ligee has agree to furnish utility service to the Principal pursuant
to the rates, rules and regulations for the Company promulgate	
	nd in lieu of securing a cash deposit to be made by the Principal to
secure payment for the services to be furnished.	
NOW, THEREOFRE, If the said Principal shall pay of	or cause to be paid all bills, statements or changes for any services
	, until date of disconnection, then in that event, this
bond and all obligations hereunder shall terminate and cease, o	
	el this bond by written notice service by registered mail upon the
GREYSTONE POWER CORPORATION specifying the effect	ctive date of said cancellation, which in no even shall be less than
	Surety shall, nevertheless, remain liable for any and all accrued
indebtedness of the Principal to the Obligee incurred prior to the	he specified termination date.
The aggregate liability of the surety on account of all	defaults occurring during the entire effective period of this bond
shall not exceed the amount above stated.	
IN WITNESS WHEREOF, the above parties have ex-	ecuted this instrument under their several seals, the name and
corporate seal of each corporate party being hereto affixed, and	d these presents duly signed by its undersigned representative
pursuant to authority of its governing body, this	_ day of, 20
6) 1/-	
	Principal
	Ву:
	(Show Title and Affix Corp Seal)
	Surety
Countersigned By:	By:
RETURN TO:	Atty - in - fact
GREYSTONE POWER CORPORATION	(Show Title and Affix Corp Seal)
P.O. BOX 897 DOUGLASVILLE, GA 30133-0897	. ,

DOUGLASVILLE, GA 30133-0897 PH: (770) 942-6576 FAX: (770) 370-2048

Surety Bond Application

AGENCY NAME:	AGENCY CONTACT:						
			AGENCY EMAIL:				
AGENCY ADDRESS:	City:						
CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT?							
NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?							
SECTION I: BOND APPLIED FOR							
Type of Bond:Effective Date:Expiration Date:							
Type of Company CORP LLC DBA PARTNERSHIP Bond Amount:							
(Obligee):							
Obligee Address							
SECTION II: GENERAL INFORMATION							
Applicant's Name:Spouse Name:							
SS#:Spouse S	S#:	Ho	me Phone: ()				
Residence Address:	City:	St	ate:	Zip:			
Business Name:							
Business Phone: ()	Business Fax: ()	E-mail:				
Business Address:	City:	St	ate:	Zip:			
Date Business BEGAN under present Individ	ual or Firm Name:		BUSINESS TAX ID:				
HAS ANY COMPANY REFUSED TO ISSUE	BONDS	DO YOU HAVE ANY					
FOR ANY PURPOSE?			VED EILED BANKDLI	YES NO			
HAS APPLICANT EVER FAILED IN BUSINESS? YES ☐ NO☐ HAS APPLICANT EVER FILED BANKRUPTCY? YES ☐ NO☐ IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER							
SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED							
NAME:	SPOUSE N	IAME:	•				
SS#:	SPOUSE S	SS#:	PHON	E:			
HOME ADDRESS:	City:		state:				
PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)							
ST		TS AND LIABILITIES	AS OF	<u> </u>			
ASSETS CASH IN DANK		NOTES PAYABLE TO	LIABILITIES	<u> </u>			
CASH IN BANK CASH ON HAND		NOTES TO OTHERS					
STOCKS AND BONDS		ACCOUNTS PAYABI					
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE					
NOTES RECEIVABLE		ALL OTHER TAXES					
INVENTORY		ACCRUALS, PAYROLLS, ETC.					
CASH VALUE LIFE INSURANCE EQUIPMENT		DUE ON EQUIPMENT					
REAL ESTATE		DUE ON REAL ESTATE					
OTHER ASSETS		OTHER LIABILITIES					
		CAPITAL STOCK (if a corporation)					
		SURPLUS AND UND	IVIDED PROFITS				
TOTAL ASSETS		TOTAL LIABILITIES NET WORTH					
Name of Owners	Name and T	itle of Officers % OWNERSHIP IN COMPANY					

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

Worldwide Insurance Specialists, Inc 2424 W. Missouri AVE Phoenix, AZ 85015 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235