

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 unto GREYSTONE POWER CORPORATION, as Oblige, hereinafter called Oblige, in the aggregate sum of \_\_\_\_\_, for the payment of which sum will and truly be made, we the Principal and Surety above named bind ourselves, our heirs, executors, administrators and successors, jointly and severally by these presents.

WHEREAS, The Principal has requested, and the Oblige has agreed to furnish utility service to the Principal pursuant to the rates, rules and regulations for the Company promulgated by proper regulatory authority having jurisdiction; and

WHEREAS, The Oblige is willing to accept this Bond in lieu of securing a cash deposit to be made by the Principal to secure payment for the services to be furnished

NOW, THEREFORE, If the said Principal shall pay or cause to be paid all bills, statements or charges for any services furnished or rendered from and after \_\_\_\_\_, until date of disconnection, then in that event, this bond and all obligations hereunder shall terminate and cease, otherwise, shall remain in full force and effect

It is also understood and agreed that Surety may cancel this bond by written notice served by registered mail upon the GREYSTONE POWER CORPORATION specifying the effective date of said cancellation, which in no event shall be less than sixty (60) days after the date borne by Surety's receipt. But the Surety shall, nevertheless, remain liable for any and all accrued indebtedness of the Principal to the Oblige incurred prior to the 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 executed this instrument under their several seals, the name and corporate seal of each corporate party being hereunto affixed, and these presents duly signed by its undersigned representative pursuant to authority of its governing body, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Principal  
By: \_\_\_\_\_  
(Show Title and Affix Corp. - Seal)

Countersigned By: \_\_\_\_\_ By: \_\_\_\_\_  
Surety

RETURN TO:  
GREYSTONE POWER CORPORATION  
ATTN: TRICIA BARRETT  
P. O. BOX 897  
DOUGLASVILLE, GA 30133-0897  
PH: (770) 370-370-2807 FAX: (770) 489-0940

Atty - in - fact  
(Show Title and Affix Corp. - Seal)

Ddb 10/17/05

## SURETY BOND APPLICATION

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**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: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
 OBLIGEE: \_\_\_\_\_ EFF. DATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
 OBLIGEE ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ Client E-mail \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 TYPE OF COMPANY CORP  LLC  DBA  PARTNERSHIP  HOW MANY OWNERS? \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_  
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES  NO   
 HAS APPLICANT EVER FAILED IN BUSINESS? YES  NO  HAS APPLICANT EVER FILED BANKRUPTCY? YES  NO

**SECTION II: GENERAL INFORMATION**

OWNER'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 ADDITIONAL OWNERS / PARTNERS  
 OWNER'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF \_\_\_\_\_**

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:SAM@WWISINC.COM">SAM@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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