

MIDTOWN WEST  
MEDICAL  
AT KING PLOW ARTS CENTER

Midtown West Medical, PC  
957 W. Marietta Street NW • Atlanta, GA 30318  
Tel: 404.817.0062 • Fax: 404.817.0064  
www.midtownwestmedical.com

Kimball A. Johnson, MD  
Gloria J. Carusi, RN, Nurse Practitioner  
Suzanne Combs, RN

**PROMISSORY NOTE**

FOR SERVICES AND VALUE RECEIVED, I, \_\_\_\_\_ (*Maker*), promise to pay Midtown West Medical, PC (*Holder*) the principal sum of \_\_\_\_\_ dollars (\$\_\_\_\_\_). This will consist of \_\_\_\_\_ consecutive monthly payments of \$\_\_\_\_\_ each. The first monthly payment is due \_\_\_\_\_ and the final payment is due \_\_\_\_\_.

If any default occurs in the making of payments hereunder and such default continues for more than ten days after written notice thereof, from Holder to Maker, the entire balance of this Note shall become immediately due and payable, if not already due and payable, at Holder's election expressed by written notice mailed to Maker's last known address. Unpaid account balances are charged a monthly interest rate of 1.5%.

All parties hereto, including Maker and any guarantors, hereby waive presentment and all demands and notices in connection with the delivery, acceptance, performance and enforcement of this Note. Should payment not be made when due or in the event of default, each party shall pay to Holder the costs of collection, including reasonable attorney fees.

Unless and until written notice to the contrary is given by Holder, all payments hereunder shall be sent to: Midtown West Medical, PC, 957 W. Marietta Street, Atlanta, Georgia 30318-5215.

Any assignment for the benefit of creditors by Maker or the institution by or against Maker of any proceedings under the Bankruptcy Act or any other law in which Maker is alleged to be insolvent or unable to pay debts as they mature shall be deemed a demand and shall render this Promissory Note due and payable immediately.

In the event of any litigation by either party to enforce this Note, the losing party shall, in such litigation, reimburse the prevailing party for all reasonable Attorney fees.

\_\_\_\_\_  
Maker's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Maker's Signature

\_\_\_\_\_  
Maker's Current Mailing Address

\_\_\_\_\_  
City, State, and ZIP