

TYPE OF CREDIT REQUESTED
(applies to business and consumer credit)

Please check to indicate the type of credit you are requesting:

Secured

Unsecured

Individual Credit – relying solely on my income and assets

Individual Credit – relying on my income and assets as well as income and assets of another

Joint Credit – we intend to apply for joint credit.

Date

Signature

Date

Signature

Application taken by phone

Date

Signature

PERSONAL FINANCIAL STATEMENT

Submitted To: _____

Date: _____

IMPORTANT: Read these directions before completing this Statement

- If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete only Sections 1, 3, & 4.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Section 1 – Individual Information (type or print)	Section 2 – Other Party Information (type or print)
Name _____	Name _____
Address _____	Address _____
City, State, ZIP _____	City, State, ZIP _____
Social Security # _____	Social Security # _____
Date of Birth _____	Date of Birth _____
Position or Occupation _____	Position or Occupation _____
Business Name _____	Business Name _____
Business Address _____	Business Address _____
City, State, ZIP _____	City, State, ZIP _____
Length at present address _____	Length at present address _____
Length of employment _____	Length of employment _____
Res. Phone _____ Bus. Phone. _____	Res. Phone _____ Bus. Phone. _____
Have either of you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are (either of) you a defendant in any suit or legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are (either of) you presently subject to any unsatisfied judgments to tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When, if ever, have (either of) you been audited by the IRS? _____	

Section 3 – Statement of Financial Condition as of _____							
Assets – in dollars, omit cents <small>(Do not include assets of doubtful value)</small>	[Individual]	[Joint]	If joint, with whom	Liabilities	[Individual]	[Joint]	If joint, with whom
Cash, Checking & Savings, CDs – see Schedule A				Notes payable to banks & others – see Schedule H			
U.S. Gov't & marketable securities – see Schedule B				Due to brokers			
Non-marketable securities – see Schedule C				Amounts payable to others – secured			
Securities held by broker in margin accounts				Amounts payable to others – unsecured			
Restricted, control or margin account stocks				Accounts & bills due			
Real estate owned – see Schedule D				Unpaid income tax			
Accounts, loans, & notes receivable				Other unpaid taxes & interest			
Automobiles				Real estate mortgages payable – see Schedules D & H			
Cash surrender value-life insurance – see Schedule E							
Vested interest in deferred compensation/profit-sharing plans – see Schedule F							
Business Ventures – see Schedule G				Total Liabilities			
Other Assets/personal property itemize – see Schedule G if applicable				Net Worth			
Total Assets				Total Liabilities & Net Worth			

Section 4 – Annual Income For Year Ended _____									
Annual Income	Individual	Joint	Annual Expenditures	Individual	Joint	Contingent Liabilities Estimated Amounts	Individual	Joint	
Salary, bonuses & commissions	\$		Mortgage/rental payments	\$		Do you have any... Yes No			
Dividends & interest			Real estate taxes & assessments			Contingent liabilities (as endorser, co-maker or guarantor?)... <input type="checkbox"/> <input type="checkbox"/>			
Real estate income			Taxes – federal, state & local			(On leases? On contracts?) <input type="checkbox"/> <input type="checkbox"/>			
Other Income <small>(alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)</small>			Insurance payments			Involvement in pending legal actions? <input type="checkbox"/> <input type="checkbox"/>			
			Other contract payments (car payments, charge cards, etc.)			Contested income tax liens? <input type="checkbox"/> <input type="checkbox"/>			
			Alimony, child support, maintenance			Any estimated capital gains tax on the unrealized asset appreciation? <input type="checkbox"/> <input type="checkbox"/>			
			Other expenses			Other special debt or circumstances? <input type="checkbox"/> <input type="checkbox"/>			
Total Income	\$		Total Expenditures	\$		If "yes" to any question(s) describe:			
						Total Contingent Liabilities	\$		

SCHEDULE A – CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance

SCHEDULE B – U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name Of	Are these Registered, Pledged, or Held by Others?	Market Value	Exchanges Where Traded

SCHEDULE C – NON-MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares	Description	In Name Of	Are these Registered, Pledged, or Held by Others?	Value	Method of Valuation

SCHEDULE D – INVESTMENTS IN REAL ESTATE (Use additional sheet if necessary)

Description/Location of Real Estate Investment	(J)	Date of Original Investment/Amount	% Owned By You	Market Value of Your % of Investment	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage Owed To

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE (Use additional sheet if necessary)

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS

% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount

SCHEDULE G – BUSINESS VENTURES (Use additional sheet if necessary)

List Name & Address of Any Business Venture In Which You Are a Principal or Partner	Your Position/Title in the Business	Line of Business	Years in Business	Total Assets Listed in Section 3	Your % of Ownership	Net Worth of Business	Present Net Value of Your Investment

SCHEDULE H – LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)

Owing To (Acct. No.)	(J)	Date of Original Borrowing/Amount	Present Balance	Due	Monthly Payment	Date of Final Payment	Secured By

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any materials adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date signed _____, _____ Signature (individual) _____
 Date signed _____, _____ Signature (other party) _____