

Section 1 - Individual Information (type or print)	
Name _____	Spouse Name _____
Address _____	
City, State & Zip _____	
SS# _____	SS# _____
Position or occupation _____	
Business Name _____	
Business Address _____	
City, State & Zip _____	
Length of Employment _____	
Res. Phone _____	Bus. Phone _____

Section 2 - Statement of Financial Condition as of _____ 20 _____			
Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Cash in Banks (Bank Certificates of Deposit - see Schedule A)		Notes Payable to Banks - see Schedule F	
U.S. Gov't & Marketable Securities - see Schedule B		Notes Payable to Other Institutions - see Schedule F	
Non-marketable Securities - see Schedule C		Due to Brokers	
Securities held by broker in margin accounts		Amounts Payable to Others - secured	
Restricted, control, or margin account stocks		Amounts Payable to Others - unsecured	
Real Estate Owned - see Schedule D		Accounts and bills due	
Accounts, loans, and notes receivable		Unpaid income tax	
Automobiles		Other unpaid taxes and interest	
Other personal property		Real estate mortgages payable - see Schedule D	
Life Insurance - cash surrender value - see Schedule E		Other debts (car payments, credit cards, etc.) - itemize	
Other Assets-itemize - see Schedule G if applicable			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities and Net Worth	

PERSONAL INFORMATION	YES	NO	ACCOUNTANT
Do you have a will? If so, name executor:	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Address: _____ Phone: _____
Have you ever declared bankruptcy? If so, describe:	<input type="checkbox"/>	<input type="checkbox"/>	ATTORNEY Name: _____ Address: _____ Phone: _____
Have you ever been audited by the IRS? If so, describe	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3 - Annual Income For Year Ended 19 _____		Annual Expenditures		Contingent Liabilities		Estimat ed Amount s
Salary	\$ _____	Mortgage/rental payments	\$ _____	Do you have any...		
Bonuses & commissions	\$ _____	Real Estate taxes & assessments	\$ _____	Contingent Liabilities	Yes No	\$ _____
Dividends & Interest	\$ _____	Taxes - Federal, State & Local	\$ _____	(as endorser, co-maker, guarantor or surety?... on leases? On Contracts?)	Yes No	\$ _____
Distributions	\$ _____					
Real Estate Income	\$ _____	Insurance Payments	\$ _____	Involvement in pending legal actions?	Yes No	\$ _____
Tax Free Income	\$ _____	Other contract payments (car payments, charge cards, etc.)	\$ _____	Other special debt circumstances?	Yes No	\$ _____
Other Income (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)	\$ _____	Alimony, child support, etc.	\$ _____	Contested income tax liens?	Yes No	\$ _____
Total Income	\$ _____	Total Expenditures	\$ _____	Total Contingent Liabilities		\$ _____

**(USE ADDITIONAL SCHEDULES IF NECESSARY AND ATTACH TO THIS FORM)
SCHEDULE A - CASH AND CERTIFICATES OF DEPOSIT IN OTHER BANKS**

Description	Name of Institution	In Name of	Are these Pledged or Held by Others?	Value

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered Pledged or Held by Others?	Cost	Market Value

SCHEDULE C - NON - MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are These Registered, Pledged or Held by Others?	Original Investment	Current Value	Source Of Value

SCHEDULE D - RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and Type of Property	County	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Balance	Mortgage Maturity

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

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

SCHEDULE F - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Credit	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Monthly Payment	Amount Owed

SCHEDULE G - BUSINESS VENTURES AND OTHER ASSETS

List Name and Address of Any Business Venture in Which You are an Owner, Stockholder or Partner	Total Assets Listed in Section 3	Your % of Ownership	Your Position/Title in the Business	Total Assets of Business	Line of Business	Years in Business

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 surety of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material 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. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (individual) _____

Date signed _____, 20____

Date of Birth _____

Signature (other party) _____

Date signed _____, 20____

Date of Birth _____