



PERSONAL FINANCIAL STATEMENT

You are not required to give information as to your spouse or marital status. The availability of credit will be based on the information provided.

CHECK APPROPRIATE BOX

If you are applying for an individual account 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 request, complete entire form.

If you are applying for a joint account or an account that you and another person will use, complete all Sections, providing information about the joint applicant or user. *If joint applicant or user is not a spouse, please fill out a separate Personal Financial Statement. However, please sign below by the statement "We intend to apply for joint credit."*

We intend to apply for joint credit.

Applicant Signature

Co-Applicant Signature

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 the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information on a separate sheet of paper about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

PLEASE COMPLETE ALL INFORMATION, SIGN AND DATE FORM

Applicant

Email Address

Cell Phone

Applicant's Name

Social Security No.

Date of Birth

Street Address

How Long?

Own Rent

City, State & Zip Code

Monthly Payment

Home Telephone

Current Employer

Position

Business Phone

Address

How Long?

Annual Salary (verifiable)

Previous Employer

Position

Address

How Long?

Annual Salary (verifiable)

Joint Applicant

Email Address

Cell Phone

Applicant's Name

Social Security No.

Date of Birth

Street Address

How Long?

Own Rent

City, State & Zip Code

Monthly Payment

Home Telephone

Current Employer

Position

Business Phone

Address

How Long?

Annual Salary (verifiable)

Previous Employer

Position

Address

How Long?

Annual Salary (verifiable)

FINANCIAL CONDITION AS OF _____
Date

Assets

Liabilities

Cash on Hand and in Bank	(A)	Notes Payable Bank	
Marketable Securities	(B)	Notes Payable Others	
Accounts and Notes Receivable	(C)	Real Estate Mortgages-Residence	
Real Estate Owned-Residence	(D)	Real Estate Mortgages-Other	
Real Estate Owned-Others	(D)	Home Equity Loans	
Closely-Held Businesses		Credit Card Accounts (aggregate balance)	
Automobiles		Other Debts	
Cash Value-Life Insurance	(F)	TOTAL LIABILITIES	
Retirement Account-IRA, 401K		Contingent Liabilities	Complete section (G)
Personal Property		NET WORTH (=Total Assets-Total Liabilities)	
Other Assets			
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

Annual Income (verifiable)

Annual Expenses

Applicant Salary		Income taxes (State and Federal)	
Commission/Bonuses		Rent or Mortgage Payment	
Joint Applicant Salary		Auto Loan Payment	
Commission/Bonuses		Credit Card Payments	
Dividend and Interest		Other Loan Payments	
Business Income		Medical and Dental Expenses	
Gross Rental Income		Living Expenses	
Other Income*		All Other Expenses (Alimony, tuition, child support)	
TOTAL INCOME		TOTAL EXPENSES	

*Alimony, child support or maintenance payments need not be indicated if the applicant does not choose to disclose such income.

PLEASE COMPLETE SCHEDULES BELOW AND ON NEXT PAGE

(A) Banking Information

Bank/Credit Union	Address	Account Type	Account No.	Current Balance	Maturity

(B) Marketable Securities/Mutual Funds

Description	Legal Owner	No. of Shares	Cost	Market Value	Pledged? Y/N

(C) Accounts and Notes Receivable

Borrower	Address	Original Amount	Current Balance	When Due	Collateral

(D) Real Estate Owned – Residence and Others

Description & Location	Legal Owner	Date of Purchase	Market Value	Mortgage Balance	Monthly Payment

(E) Partial Interest in Real Estate (State Percentage of Ownership)

Description & Location	Legal Owner	% of Interest	Cost	Market Value	Mortgage Balance	Monthly Payment

(F) Life Insurance

Insurance Company's Name	Beneficiary	Face Value	Loans	Cash Value

(G) Contingent Liabilities

Please provide the details of any contingent liabilities including guarantor or co-maker on loans, leases or contracts; legal claims pending; and outstanding federal and state tax obligations.

Description	Amount of Contingent Liability

The undersigned certifies that the information inserted in this document and any attachment has been carefully read and is true and correct. If any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands, the undersigned will immediately and without delay notify the said Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business.

I/We authorize you, and any duly authorized agents, to obtain and use credit reports and to exchange credit information in connection with my/our application and any update, renewal, account review, extension or as part of the bank's quality control program. It is understood that a photocopy of this form will serve as authorization.

I/We understand that I/We must update this credit information at your request and/or if my/our financial condition changes.

I/We acknowledge that the credit being applied for will be used for business purposes.

Applicant Signature

Date

Co-Applicant Signature

Date