



MEMBER FDIC

FINANCIAL STATEMENT Date as of:

NAME, PERSONAL EMAIL ADDRESS, BUSINESS EMAIL ADDRESS, SOCIAL SECURITY NUMBER, DATE OF BIRTH, NUMBER OF DEPENDENTS, BUSINESS STREET ADDRESS, HOME ADDRESS, HOME PHONE, EMPLOYER, HOW LONG?, CELL PHONE, BUSINESS PHONE, OCCUPATION / POSITION, HOW LONG?, SPOUSE'S NAME, SOCIAL SECURITY NO., DATE OF BIRTH

SECTION A: ASSETS
CASH (Schedule 1)
MARKETABLE SECURITIES (Schedule 2)
NON-MARKETABLE SECURITIES (Schedule 3)
INVESTMENTS IN PARTNERSHIPS (Schedule 4)
REAL ESTATE (HOMESTEAD) (Schedule 5)
REAL ESTATE (OTHER) (Schedule 5)
IRAS, KEOGHS & OTHER
QUALIFIED PLANS (Schedule 6)
OIL & GAS INTERESTS (Schedule 7)
OTHER ASSETS
Personal Property
Automobiles
Note Receivables - Autos
Interests in Trusts
Cash Value of Life Insurance
Misc.
TOTAL ASSETS

SECTION B: LIABILITIES
REAL ESTATE/MORTGAGES PAYABLE (Schedule 5)
NOTES PAYABLE (Schedule 8)
MARGIN DEBT DUE BROKERS (Schedule 2)
PARTNERSHIP RELATED DEBT (Schedule 4)
OIL & GAS RELATED DEBT (Schedule 7)
TAXES PAYABLE
CREDIT CARD DEBT
OTHER LIABILITIES
TOTAL LIABILITIES
NET WORTH (Total Assets Less Total Liabilities)
TOTAL LIABILITIES PLUS NET WORTH

SECTION C: CASH INCOME AND CASH EXPENSE INFORMATION*

GROSS WAGES OR SALARIES
COMMISSIONS, BONUSES, ETC.
PARTNERSHIP DRAWS, ETC.
PARTNERSHIP DISTRIBUTIONS (Schedule 4)
INTEREST & DIVIDENDS
RENTAL INCOME (Schedule 5)
OIL & GAS INCOME (Schedule 7)
OTHER - SS payments
TOTAL CASH INCOME

REAL ESTATE/MORTGAGE PAYMENTS (Schedule 5)
REGULARLY SCHEDULED PRINCIPAL/INTEREST PAYMENTS
INCOME TAXES (SUM OF A YEAR'S PERIODIC PAYMENTS)
PARTNERSHIP CONTRIBUTIONS (Schedule 4)
OTHER TAXES (REAL ESTATE, ETC.)
LIVING EXPENSES & MISC.
RENTAL EXPENSES (Schedule 5)
OIL & GAS EXPENSES (Schedule 7)
OTHER ANTICIPATED PAYMENTS (ALIMONY, TUITION, ETC.)
OTHER
TOTAL CASH EXPENSES
NET CASH FLOW (CASH INCOME LESS CASH EXPENSES)

*Income from 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. **List all assumptions on page 4 under Additional Comments and describe any significant expected changes in your cash income or your cash expenses.

In the following statement, the words, "I", "me" and "my" mean anyone signing below. "You" and "Your" refer to Bank.

I have given you this financial statement, and attachments, if any, in order to obtain credit or services from you. I understand that you will rely on this information in connection with any decision you make in providing credit or services to me. I warrant and represent to you that this financial statement and any other information I may supply to you is correct and fully and accurately discloses all of my assets and liabilities, including, but not limited to, my contingent liabilities, cash income, and cash expenses as of the date I provide this information to you.

ATTENTION: CONTINGENT OBLIGATIONS SCHEDULE MUST BE COMPLETED. IF NONE, THEN WRITE NONE ON THE SCHEDULE.

SIGNATURE, DATE, SIGNATURE, DATE

SCHEDULE 7 - OIL AND GAS INTERESTS

7	TYPE OF INTEREST	% OWNED	VALUATION	RELATED DEBT			YEARLY OIL & GAS INCOME	YEARLY OIL & GAS EXPENSES
				BALANCE	LIENHOLDER	YEARLY PAY TERMS		

SCHEDULE 8 - NOTES PAYABLE

(exclude mortgage, real estate, and oil & gas related debt)

8	NAME & ADDRESS OF FINANCIAL INSTITUTION	PURPOSE	ORIG. DATE	ORIGINAL AMOUNT	BALANCE	MAT. DATE	YEARLY PAY TERMS	COLLATERAL

SCHEDULE 9 - CONTINGENT OBLIGATIONS

9	Instructions: State Total Amount By Type of Liability and Describe							
A.	AS GUARANTOR OR ENDORSER			E.	LETTERS OF CREDIT			
B.	ON LEASES OR CONTRACTS			F.	FUTURE CAPITAL CONTRIBUTIONS			
C.	FOR LEGAL CLAIMS OR JUDGMENTS			G.				
D.	INCOME TAX CLAIM OR DISPUTE			TOTAL A - G				
	DESCRIBE (A-G ABOVE)	BENEFICIARY PARTY	AMOUNT OBLIGATED AND WHEN OBLIGATED		PURPOSE OR EXPLANATION			MATURITY OR EXPIRATION

SCHEDULE 10 - INSURANCE

AUTO	HOME/REAL ESTATE	LIFE
INSURANCE CO.	INSURANCE CO.	INSURANCE CO.
POLICY NO.	POLICY NO.	POLICY NO.
COVERAGE	COVERAGE	COVERAGE
		FACE VALUE
		CASH VALUE
AGENT NAME	AGENT NAME	AGENT NAME
PHONE #	PHONE #	PHONE #

NAME OF YOUR PERSONAL ATTORNEY _____

- Are you a defendant in any suits or legal actions? No Yes. If yes, describe on Page 4 under additional comments.
- Income tax returns filed through (date) _____. Are any returns being audited or contested? No Yes. If yes, what year(s) _____.
- Have you drawn a will? No Yes, if yes, year drawn _____. Executor/trix _____.
- Do you have a line of credit or unused line of credit at any other institution? No Yes, if yes, indicated how much and where.
- Have you ever filed a petition in bankruptcy or has one been filed involuntarily against you? No Yes, if yes, explain on Page under additional comments.
- Are you an Executive Officer, Director, or Principal Shareholder of a bank? No Yes, Name of Bank _____.

