

SCHEDULE 1-CASH				
ACCOUNT NAME	BANK/BRANCH NAME & ADDRESS	BALANCE	ACCOUNT TYPE/NUMBER	PLEGDED Y OR N
TOTAL		\$ -		

SCHEDULE 2- MARKETABLE SECURITIES (Stocks, Bonds, Gov't Issues, Mutual Funds, etc.)					
DESCRIPTION OF SECURITIES	FACE VALUE/ # OF SHARES	MARKET VALUE	YEARLY DIVIDENDS	MARGIN DEBT	PLEGDED Y OR N
TOTAL		\$ -	\$ -	\$ -	

NAME OF BROKERAGE FIRM/BROKER

SCHEDULE 3 - NON-MARKETABLE SECURITIES				
DESCRIPTION OF SECURITIES	FACE VALUE/ # OF SHARES	CURRENT MARKET VALUE	COST	PLEGDED Y OR N
TOTAL		\$ -	\$ -	\$ -

SCHEDULE 4 - INVESTMENTS IN PARTNERSHIPS								
PARTNERSHIP NAME	GENERAL LIMITED		CURRENT			YEARLY	YEARLY	YEARLY
	OR OTHER	% OWNED	MARKET VALUE	COST	BALANCE	PAY TERMS	DISTRIBUTION	CONTRIBUTION
TOTAL			\$ -	\$ -	\$ -		\$ -	\$ -

SCHEDULE 5 - REAL ESTATE							
LOCATION (Address, property description Homestead first)	% OWNED	LIEN HOLDER	YEARLY PAY TERMS	CURRENT BALANCE	MARKET VALUE	COST DATE ACQUIRED	YEARLY RENTAL INCOME
TOTAL				\$ -	\$ -		\$ -

SCHEDULE 6 - IRA'S, KEOGH'S & OTHER QUALIFIED PLANS				
TYPE	% VESTED	CURRENT BALANCE	LOANS	NET VALUE
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL		\$ -	\$ -	\$ -

SCHEDULE 7 - OTHER ASSETS			
DECIPTION	CURRENT MARKET VALUE	COST	PLEGDED Y OR N?
PERSONAL PROPERTY			
AUTOMOBILES			
NOTE RECEIVABLES			
INTEREST IN TRUST			
MISC			
TOTAL		\$0 \$	-

SECTION 8 - NOTES PAYABLE (exclude mortgage, partnership, and real estate related debt)							
NAME AND ADDRESS OF FINANCIAL INSTITUTION	PURPOSE	ORIGINAL DATE	ORIGINAL AMOUNT	BALANCE	MATURITY	YEARLY PAY. TERMS	COLLATERAL
TOTAL			\$ -	\$ -			

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. All appraisals and similar indications of value relating to my assets which are available to me as of this date are attached for your review. You may assume that my financial condition is at least as good as shown on this statement until I provide to you another updated financial statement. You may request credit information about me from others including an investigative consumer report and you may request a consumer credit report about me in connection with this statement for credit or services. If I ask you, you will tell me whether or not a consumer report was requested and will also tell me the name and address of the reporting agency. I give you my permission to obtain additional consumer credit reports and investigative consumer reports without telling me should you update, renew, extend, or review my credit or other service arrangements with you. You may also share credit information about me with your affiliates, subsidiaries, parent company, other creditors, and all others permitted or required by law. I understand that, in the event any information contained in this statement is incorrect, false, or misleading and you incur a loss, I may be held liable. I also understand that knowingly providing false or misleading information in this financial statement is a federal offense that may subject me to fine, imprisonment or both (18 USC Section 1014).

SIGNATURE	DATE	SIGNATURE	DATE
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INSURANCE		
AUTO	HOME/REAL ESTATE	LIFE
INSURANCE CO.	INSURANCE CO.	INSURANCE CO.
POLICY NO.	POLICY NO.	POLICY NO.
COVERAGE	COVERAGE	COVERAGE
AGENT NAME	AGENT NAME	AGENT NAME
PHONE NO.	PHONE NO.	PHONE NO.
NAME OF PERSONAL ATTORNEY	PERSONAL REFERENCE OR RELATIVE	PHONE NO.

- 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, indicate 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 4 under additional comments.
- Are you an Executive Officer, Director, or Principal Shareholder of a bank? No Yes, Name of Bank _____

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CASH FLOW STATEMENT

NAME: _____

MONTHLY INCOME:

Salary	\$ -
Commission	\$ -
Bonus/Dividends	\$ -
Real Estate	\$ -
Other	\$ -

TOTAL MONTHLY INCOME (TOTAL CASH TAKEN HOME) \$ -

MONTHLY EXPENSES:

Mortgage/Rent Payments	\$ -
Home Improvement Loan Pmt	\$ -
Household Expenses:	
Utilities	\$ -
Telephone	\$ -
Food	\$ -
Insurance	\$ -
Misc	\$ -
Automobile Expenses:	
Gas	\$ -
Insurance	\$ -
Car Pmt	\$ -
Life & Medical Insurance	\$ -
Child Care	\$ -
Installment Loans	\$ -
Misc (over \$100)	\$ -
Credit Card Payments:	
Bank Cards	\$ -
American Express	\$ -
Department Stores	\$ -
Other	\$ -

TOTAL MONTHLY EXPENSES \$ -

TOTAL NET MONTHLY INCOME AFTER EXPENSES \$ -

The undersigned certifies that the information inserted on each side hereof has been carefully read and is true and correct.

Signature	Date
Signature	Date