



Please fax completed application to: 435.649.4731 or scan and email to: info@financecapital.us

PERSONAL FINANCIAL STATEMENT CONFIDENTIAL

Name(s)	Social Security Number
Address	Home Phone
Position or Occupation	Business Phone
Business Name	Business Address

The following is submitted for the purpose of procuring, established and maintaining credit with you on behalf of the undersigned, or persons, firms, or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

Fill ALL Blanks to the Nearest Hundred. If Not Applicable, Write NONE

ASSETS			LIABILITIES		
Cash on Hand and in Banks (Schedule A) \$			Notes Payable - Banks (Schedule E) \$		
Gov't and Listed Securities (Schedule B)			Notes Payable - Others (Schedule E)		
Unlisted Securities (Schedule B)			Accounts Payable AUTO's		
Loans Receivable			Unpaid Income Taxes		
Real Estate Owned (Schedule D)			Real Estate Mortgages (Schedule D)		
Homestead			Real Estate Taxes		
Automobiles			Credit Cards		
Other Personal Property			Other Debits (Itemize Below)		
Business Value					
Other Assets (Itemize Below)					
TOTAL Assets \$			TOTAL Liabilities \$		
			Net Worth \$		
			TOTAL LIABILITIES & NET WORTH \$		

ANNUAL SOURCES OF INCOME		CONTINGENT LIABILITIES	
Salaries & Bonuses	\$	As Endorser, Co-Maker, or Guarantor	\$ 0
Commissions	\$	On Lease or Contracts	\$ 0
Dividends & interest	\$	Legal Claims	\$ None
Real Estate	\$	Other (Describe)	
Other* (Describe)			
TOTAL	\$	TOTAL	\$ 0

* Income from Alimony, Child Support, or Separate Maintenance Income need not be revealed if you do not wish the Bank to consider this income in determining your credit worthiness.

ANNUAL ESTIMATED EXPENDITURES			
Property Taxes / Assessments	\$	Other Contract Payments	\$
Income & Other Taxes	\$	Insurance	\$
Mortgage Payment & Interest	\$	Living Expense	\$
Other (Describe)	\$		
		TOTAL	\$

PERSONAL INFORMATION

Are there any assets pledged or restricted other than indicated on following schedules? If so, describe. NO

Are you a defendant in any legal actions or suite? If so, describe. NO

Are you a partner or officer in any other venture? If so, describe. NO

Do you have a will ? _____ If so, name of Personal Representative.

Have you ever been declared Bankrupt? If so, describe. NO

Schedule A - Cash, Checking Accounts, and Certificates of Deposit

Type	Name of Financial Institution	Amount	In Name Of:	PLEGDED	
				Yes	No
Checking					
Savings					
Checking Savings					

Schedule B - U.S. Government, Listed, Unlisted Securities (list on Separate sheet if necessary)

No. of Shares or Face Value (of Bonds)	Description*	In Name Of:	Market Value	PLEGDED	
				Yes	No

Schedule C - Life Insurance Carried, Include Group

Face Amount	Name of Company	Owner	Beneficiary	CASH SURRENDER	
				Value	Loans

Schedule D - Real Estate Owned

Address and Type of Property	Date Acquired	Title in the Name of:	Cost	Market Value	MORTGAGE		Insurance \$
					Amount	Owed	

Schedule E - Name of Banks or Finance Companies Where Credit has been Obtained

Name and Address of Lender	Borrower	Date Made	Due	High Credit	Current Balance	Sec. or Unsec.

The undersigned certifies that the information contained in this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice is given to you by the undersigned.

Signature Date

Signature Date

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