

Answer all questions using "no" or "none" when necessary. Please begin by completing schedules on reverse side.

Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Personal Information

Date of Statement: _____ (MM/DD/YYYY)

Legal Name (First Middle Last) _____ Date of Birth (MM/DD/YYYY) _____ Phone Number _____ Email Address _____ SSN _____

Home Street Address _____ City _____ County _____ State _____ Zip _____ How Long? _____

Business/Employer Name _____ Title/Position _____ How Long? _____ Do you have any dependents? (If yes, list their ages) _____

Do you have a will? (If yes, list the name of executor) _____ Have you ever declared bankruptcy? (If yes, please give detailed explanation) _____

If joint statement, list names of individuals whose assets, liabilities and income are included _____

Are you currently involved in any outstanding litigation (party to lawsuit or legal actions)? If yes, please attach description of the suit _____

Assets (Leave amount blank if not applicable)

Cash, on hand, and unrestricted in banks (From below)	\$
Accounts / Notes-receivable (Schedule 2)	\$
Cash surrender value life insurance (Do not deduct loans) (Schedule 3)	\$
Listed (AMEX, NYSE) stocks, bonds, US Gov't. Securities (Schedule 4)	\$
Other stocks and bonds (Schedule 4)	\$
Real estate at cost or market value (Schedule 5)	\$
Automobiles	\$
	\$
Other Assets - itemize	\$
	\$
	\$
	\$
	\$
TOTAL ASSETS (A)	\$

Liabilities (Leave amount blank if not applicable)

Notes payable to banks (Schedule 1)	\$
Notes and accounts due others (Schedule 1)	\$
Loan(s) against life insurance (Schedule 3)	\$
Brokers margin accounts	\$
Taxes accrued but unpaid	\$
Mortgages payable on real estate (Schedule 5)	\$
	\$
	\$
Other Liabilities - itemize	\$
	\$
	\$
	\$
	\$
TOTAL LIABILITIES (B)	\$

NET WORTH: Subtract **Total Liabilities** in Box B from **Total Assets** in Box A to calculate **Net Worth** \$ _____

CONTINGENT LIABILITIES: As guarantor or co-maker, legal claims on leases or contracts \$ _____

Income Information

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.

IS THE INCOME STATED BELOW: MONTHLY ANNUAL

Salary (Gross)	\$
Bonus and commissions, dividends, interest	\$
Rental income	\$
Other - itemize	\$
	\$
TOTAL INCOME	\$

Banking Relationships

Name & Address of Bank	Single (S), Joint (J) or Trust (T)	Cash Balance
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL CASH (Take to Assets Above)		\$

Signature and Authorization (Please complete all pages, including the supplementary schedule and sign)

I warrant that there is no judgment against me or lien unsatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit. With the joint credit, all applicants must sign.

Signature _____ Date _____ (SEAL) Signature _____ Date _____ (SEAL)

Signature _____ Date _____ (SEAL) Signature _____ Date _____ (SEAL)

Received By _____ Through _____ Office _____ Received By _____ Through _____ Office _____

SUPPLEMENTARY SCHEDULES (Take totals to front, attach additional pages if necessary)

SCHEDULE 1: DEBTS / CREDIT LINES (Include home equity and any other open-end revolving credit, even if unused)

Name & Address of Bank	Endorsement/Collateral <small>(Please Describe)</small>	Credit Line	Original Amount	Unpaid Balance	Monthly Payment
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL		\$	\$	\$	\$
Name & Address of Others	Endorsement/Collateral <small>(Please Describe)</small>	Credit Line	Original Amount	Unpaid Balance	Monthly Payment
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL		\$	\$	\$	\$

SCHEDULE 2: ACCOUNTS, LOANS AND NOTES RECEIVABLE

Name & Address of Debtor	Maturity Date	Amount Owing	Description/Nature of Debt	Description of Security Held	Repayment Terms
		\$			
		\$			
		\$			
TOTAL		\$			

SCHEDULE 3: LIFE INSURANCE

Name of Insured	Beneficiary	Insurance Co.	Policy Face Amt.	Surrender Value	Loans Against Policy	Yearly Premium	Policy Type	Is Policy Assigned?
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
TOTAL			\$	\$	\$	\$		

SCHEDULE 4: STOCKS, BONDS AND US GOVERNMENT SECURITIES

Description of Security	Registered in Name of	Face Value (Bonds) No. of Shares (Stocks)	Market Value/Share	Total Market Value	Pledged (Y/N)	Listed (L) on NYSE, AMEX Unlisted (U), or Gov't Security (G)
			\$	\$		
			\$	\$		
			TOTAL LISTED	\$		
			TOTAL UNLISTED	\$		

SCHEDULE 5: REAL ESTATE

Description & Address	Title in Name of	Date Aquired	Cost	Market Value	Tax Value	Original Amt.	Unpaid Balance	Monthly Pmt.
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
TOTAL			\$	\$	\$	\$	\$	\$

OTHER CREDIT REFERENCES

Name & Address <small>(Give names of banks, finance companies or other concerns where credit has been obtained)</small>	Date	Account Number	Type of Account	High Credit
				\$
				\$
				\$
				\$