

# INFORMATION

Date \_\_\_\_\_

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ DL # \_\_\_\_\_

Social Security # \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

Name and Address of Nearest Relative not living with you

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Their Phone # ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Authorization to obtain or release credit information

Applicant Signature(s) \_\_\_\_\_

# PERSONAL FINANCIAL STATEMENT OF

NOTE: Any willful misrepresentation could result in a violation of Federal Law (Sec. 18 U.S.C. 1014)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_, 19\_\_ Statement Date \_\_\_\_\_, 20\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Social Sec. No. \_\_\_\_\_  
 Home Phone \_\_\_\_\_ No of Dependents \_\_\_\_\_ Bus. or Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

## SECTION I

ASSETS				LIABILITIES			
	THOU SANDS	HUN DREDS	CENTS		THOU SANDS	HUN DREDS	CENTS
1 Cash On Hand & in Banks <small>Sec II-A</small>				21 Notes Due to Banks <small>Sec II - A</small>			
2 Cash Value of Life Insurance <small>Sec II-B</small>				22 Notes Due to Relative & Friends <small>Sec II - H</small>			
3 US Gov Securities <small>Sec II-C</small>				23 Notes Due to Others <small>Sec II - H</small>			
4 Other Marketable Securities <small>Sec II-C</small>				24 Accounts & Bills Payable <small>Sec II - H</small>			
5 Notes & Accounts Receivable - Good <small>Sec II-D</small>				25 Unpaid Income Taxes Due - <input type="checkbox"/> Federal <input type="checkbox"/> State			
6 Other Assets Readily Convertible to Cash - Itemize				26 Other Unpaid Taxes & Interest			
7				27 Loans on Life Insurance Policies <small>Sec II-B</small>			
8				28 Contract Accounts Payable <small>Sec II-H</small>			
9				29 Cash Rent Owed			
10 TOTAL CURRENT ASSETS				30 Other Liabilities Due within 1 Year - Itemize			
11 Real Estate Owned <small>Sec II-E</small>				31			
12 Mortgages & Contracts Owned <small>Sec II-F</small>				32			
13 Notes & Accounts Receivable - Doubtful <small>Sec II-D</small>				33 TOTAL CURRENT LIABILITIES			
14 Notes Due From Relatives & Friends <small>Sec II-D</small>				34 Real Estate Mortgage Payable <small>Sec II-E</small>			
15 Other Securities - Not Readily Marketable <small>Sec II-C</small>				35 Liens & Assessments Payable			
16 Personal Property <small>Sec II-G</small>				36 Other Debts - Itemize			
17 Other Assets - Itemize				37			
18				38 Total Liabilities			
19				39 Net Worth (Total Assets minus Total Liabilities)			
20 TOTAL ASSETS				40 TOTAL LIABILITIES & NET WORTH			

ANNUAL INCOME		ESTIMATE OF ANNUAL EXPENSES	
Salary Bonuses & Commissions	\$	Income Taxes	\$
Dividends & Interest	\$	Other Taxes	\$
Rental & Lease Income (Net)	\$	Insurance Premiums	\$
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.		Mortgage Payments	\$
Other Income - Itemize	\$	Rent Payable	\$
Other Expenses		Other Expenses	\$
Provide the following information only if Joint Credit is checked above			\$
Other Person's Salary, Bonuses & Commissions	\$		\$
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.			\$
Other Income of Other Person - Itemize	\$		\$
TOTAL	\$	TOTAL	\$

GENERAL INFORMATION		CONTINGENT LIABILITIES	
Are any Assets Pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes (See Section II)		As Endorser Co-maker or Guarantor	\$
Are you a Defendant in any Suits or Legal Actions? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)		On Leases or Contracts	\$
Have you ever been declared Bankrupt in the last 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)		Legal Claims	\$
		Federal - State Income Taxes	\$
		Other	\$

## SECTION II

### A CASH IN BANKS AND NOTES DUE TO BANKS (List all Real Estate Loans in Section II-E)

NAME OF BANK	Type of Account	Type of Ownership	On Deposit	Notes Due Banks	COLLATERAL (if Any) & Type of Ownership
Cash on Hand			\$		
TOTALS			\$	\$	

**B LIFE INSURANCE (List only those policies that you own.)**

COMPANY	Face of Policy	Cash Surrender Value	Policy Loan From Insurance Co.	Other Loans Policy as Collateral	BENEFICIARY
	\$	\$	\$	\$	
TOTALS			\$	\$	

(Enter Sec. 1 Line 2) (Enter Sec. 1 Line 27)

**C SECURITIES OWNED (Including US Gov't Bonds and all other Stocks and Bonds.)**

Face Value - Bonds No. of Shares Stock	DESCRIPTION Indicate those Not Registered in Your Name	Type of Ownership	COST	Market Value US Gov't Sec.	Market Value Marketable Sec.	MARKET VALUE Not Readily Marketable SECURITIES	Amount Pledged To Secured Loans
			\$	\$	\$	\$	\$
TOTALS			\$	\$	\$	\$	

(Enter Sec. 1 Line 3) (Enter Sec. 1 Line 4) (Enter Sec. 1 Line 15)

**D NOTES AND ACCOUNTS RECEIVABLE (Money Payable or Owed to You Individually – Indicate by an X if Others have an Ownership Interest.)**

MAKER DEBTOR	X	When Due	Original Amount	Balance Due Good Accounts	Balance Due Doubtful Accounts	Bal. Due Notes Rel. & Friends	SECURITY (if Any)
			\$	\$	\$	\$	
TOTALS			\$	\$	\$	\$	

(Enter Sec. 1 Line 5) (Enter Sec. 1 Line 13) (Enter Sec. 1 Line 14)

**E REAL ESTATE OWNED (Indicate by an X if Others have an Ownership Interest.)**

TITLE IN NAME OF	X	Description & Location	Date Acquired	Original Cost	Present Value of Real Estate	Amount of Ins. Carried	MORTGAGE OR CONTRACT PAYABLE			
							Bal. Due	Payment	Maturity	To Whom Payable
HOMESTEAD				\$	\$	\$				
TOTAL				\$	\$	TOTAL	\$			

(Enter Sec. 1 Line 11) (Enter Sec. 1 Line 34)

**F MORTGAGES AND CONTRACTS OWNED (Indicate by an X if Others have an Ownership Interest.)**

Cont.	Mtge.	X	MAKER		PROPERTY COVERED	Starting Date	Payment	Maturity	Balance Due
			Name	Address					
							\$		\$
TOTALS									\$

(Enter Sec. 1 Line 12)

**G PERSONAL PROPERTY (Indicate by an X if Others have an Ownership Interest.)**

DESCRIPTION	X	Date When New	Cost When New	Value Today	LOANS ON PROPERTY	
					Balance Due	To Whom Payable
Automobiles			\$	\$	\$	
TOTALS				\$		

(Enter Sec. 1 Line 16)

**H NOTES (Other than Bank. Mortgage and Insurance Company Loans.) ACCOUNTS AND BILLS AND CONTRACTS PAYABLE**

PAYABLE TO	Other Obligors (if Any)	When Due	Notes Due to Rel. & Friends	Notes Due Others (Not Banks)	Accounts & Bills Payable	Contracts Payable	COLLATERAL (if Any)
				\$			
TOTALS			\$	\$	\$	\$	

(Enter Sec. 1 Line 22) (Enter Sec. 1 Line 23) (Enter Sec. 1 Line 24) (Enter Sec. 1 Line 28)

For the purpose of procuring credit from time to time I/we furnish the foregoing as a true and accurate statement of my/our financial condition. Authorization is hereby given to the Lender to verify in any manner it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition.

Date Signed \_\_\_\_\_, 20\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

A. APPLICANT INFORMATION									
Note: Alimony and child support need not be revealed if you do not wish it considered as repayment source.									
Name		Date of Birth		SSN		Dependents		Home Phone	
Home Address		City		ST	Zip		Time at Address		County
Previous Address		City		ST	Zip		Time at Address		Time in Community Yrs Mo.
Employer Name		Occupation			Job Time Yrs. Mos.		Work Phone and Extension ( ) - ext		
Business Address		City		ST	Zip		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Business
Gross Monthly Salary \$	Monthly Comm/Bonus \$	Other Monthly Income \$		Source (Retirement, Investments)				Total Monthly Income \$	
Previous Employer		City/State		Phone Number ( ) -		How Long		Occupation	
Nearest Relative Not Living with You		City		ST	Phone Number ( ) -		Relationship		

B. CO-APPLICANT INFORMATION									
Name		Date of Birth		SSN		Dependents		Home Phone	
Home Address		City		ST	Zip		Time at Address		<input type="checkbox"/> Rent <input type="checkbox"/> Buy <input type="checkbox"/> Own
Previous Address		City		ST	Zip		Time at Address		Time in Community Yrs Mo.
Employer Name		Occupation			Job Time Yrs. Mos.		Work Phone and Extension ( ) - ext		
Business Address		City		ST	Zip		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Business
Gross Monthly Salary \$	Monthly Comm/Bonus \$	Other Monthly Income \$		Source (Retirement, Investments)				Total Monthly Income \$	
Previous Employer		City/State		Phone Number ( ) -		How Long		Occupation	
Nearest Relative Not Living with You		City		ST	Phone Number ( ) -		Relationship		

C. CREDIT INFORMATION											
Lienholder or Landlord				Monthly Pmt \$		Purchase Price \$		Original Balance \$		Current Mortgage Balance \$	
Address		City		ST	Zip		Account Number		Phone ( ) -		
Car Make	Model	Year	Mileage	Financed or Leased by			Pmt \$	Balance \$	Trade-In <input type="checkbox"/> Yes <input type="checkbox"/> No		
Car Make	Model	Year	Mileage	Financed or Leased by			Pmt \$	Balance \$	Trade-In <input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking (Name of Bank)		Branch/City			ST	Acct Number		Avg Monthly Balance \$			
Other Creditor Name (Visa, MC, AMEX, etc.)				Acct Number			Monthly Pmt \$		Date of Last Payment		
Other Creditor Name (Visa, MC, AMEX, etc.)				Acct Number			Monthly Pmt \$		Date of Last Payment		

**SIGNATURES – IF JOINTLY APPLYING BOTH MUST SIGN**

THIS CREDIT APPLICATION IS TO INDUCE YOU TO GRANT CREDIT AND (WE) CERTIFY THAT THE INFORMATION HEREIN IS TRUE AND COMPLETE. I (WE) AUTHORIZE YOU TO OBTAIN FURTHER INFORMATION CONCERNING OUR CREDIT STANDING AND EMPLOYMENT AND AGREES YOU MAY EXCHANGE INFORMATION ON OUR CREDIT PERFORMANCE WITH OTHERS WHO MAY PROBABLY RECEIVE THAT INFORMATION

SIGNATURE OF APPLICANT				DATE		SIGNATURE OF APPLICANT				DATE	
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VEHICLE INFORMATION				
Type of Contract <input type="checkbox"/> Long Term Lease <input type="checkbox"/> Retail <input type="checkbox"/> Flexible Loan <input type="checkbox"/> Special Program				Tax ID
LEASE INFORMATION				
MSRP \$	CAP \$	Monthly Pmt \$	Term	
RETAIL INSTALLMENT INFORMATION				
Amt Financed \$	Manuf Invoice \$	Dlr Installed Options \$	Credit Ins. \$	MBP \$
Tax \$	Other Charges \$	Cash Down Pmt \$	Trade-in Amt \$	Year    Make    Model
Dlr Installed Options \$	Credit Ins	MBP \$	Residual 'Flexible Loan Only	Term    Mo. Payment \$
A. INFORMATION REGARDING APPLICANT				
Company Name			Phone (    )    -	
Home Office Address			City	
Taxation County		State	Zip Code	
Nature of Business				
Years Established	Date of <input type="checkbox"/> Incorporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			Years under present ownership
Is Business listed with Dun & Bradstreet <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, DUNS No.		
Name of Affiliate Company or Subsidiary		Address		
Officer		Title		% Ownership
Officer		Title		% Ownership
Officer		Title		% Ownership
Officer		Title		% Ownership
Majority Stockholder if other than Officers		Position		
B. BANKS				
Name of Bank		Branch Address		
Phone (    )    -	Loan Officer	Balance	<input type="checkbox"/> Checking <input type="checkbox"/> Loan Acct    Acct No.	
Name of Bank		Branch Address		
Phone (    )    -	Loan Officer	Balance	<input type="checkbox"/> Checking <input type="checkbox"/> Loan Acct    Acct No.	
C. CREDITORS				
Name of Company		Address		Phone (    )    -
Name of Company		Address		Phone (    )    -
Name of Company		Address		Phone (    )    -
D. PREVIOUS VEHICLES				
<input type="checkbox"/> Leased <input type="checkbox"/> Financed		Name of Firm		Address
Phone (    )    -	Acct No.		<input type="checkbox"/> Open <input type="checkbox"/> Paid <input type="checkbox"/> Trade	
<input type="checkbox"/> Leased <input type="checkbox"/> Financed		Name of Firm		Address
Phone (    )    -	Acct No.		<input type="checkbox"/> Open <input type="checkbox"/> Paid <input type="checkbox"/> Trade	
E. FINANCIAL				
Financial Statements (most current year-end and prior year-end including footnotes) are required from business applicants.				
Signed _____ Date _____				