

IMPORTANT: Please read carefully

- (1) This Statement is being submitted in conjunction with a request for an extension of business credit to (name of person, firm, corporation, sole proprietorship, d/b/a, partnership, etc.)
- (2) If you are relying solely on your own income or assets in compiling this statement to support any aspect of the requested credit, including any guaranty, endorsement or other security, complete Sections A and C only; if you are relying, in whole or in part, on the income of another person, complete all sections and furnish the requested information about such other person in Section B.
- (3) If you are completing all sections, indicate in Section C, where applicable, the income and/or asset ownership interests of the other person upon whom you are relying in whole or in part.

SECTION A:			
Name:		Employer's Name:	
Residence Address:		Employer's Address:	
City, State & Zip:		City, State & Zip:	
Residence Phone:		Title or Position:	
Social Security No.:		Business Phone:	
Birthdate:			
SECTION B:			
Name:		Employer's Name:	
Residence Address:		Employer's Address:	
City, State & Zip:		City, State & Zip:	
Residence Phone:		Title or Position:	
Social Security No.:		Business Phone:	
Birthdate:			
SECTION C: FINANCIAL INFORMATION			
ASSETS		LIABILITIES	
Cash on hand and deposits (Compl. Sch. A)	\$0	Notes due within one year	
Marketable securities (Complete Sch. B)	\$0	Real estate mortgages	\$0
Cash value life insurance (Complete Sch. C)	\$0	Installment	\$0
Notes receivable		Other	\$0
Other current assets - itemize		Accounts payable (Complete Schedule G)	\$0
		Taxes due or accrued	
		Other current liabilities - itemize	
TOTAL CURRENT ASSETS	\$0	TOTAL CURRENT LIABILITIES	\$0
Real estate (Complete Schedule D)	\$0	Notes due after one year	
Personal property (Complete Schedule E)	\$0	Real estate Mortgages (Schedule D)	\$0
Notes or mortgages receivable		Installment (Schedule E)	\$0
Investment in affiliations:		Other debt - itemize (Schedule F)	\$0
Other investments			
Other assets - itemize			
		TOTAL LIABILITIES	\$0
		NET WORTH	\$0
TOTAL ASSETS	\$0	TOTAL LIABILITIES & NET WORTH	\$0
SOURCE OF INCOME		CONTINGENT LIABILITIES	
Salary	\$	As Endorser or Co-Maker	\$
Not investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal & State Income Tax	\$
Other Income	\$	Other Special Debt	\$
Description to other Income:		Description of Other:	

SCHEDULE A: DEPOSIT ACCOUNTS AND LOANS

Name and Location of Bank	Cash Balance	Loan Amount	Indicate How Loan Is Endorsed, Guaranteed or Secured	Payment	
				Terms	Amount
TOTAL	\$0	\$0			\$0

SCHEDULE B: MARKETABLE SECURITIES

Description of Security	Present Market Value	Present Loan Value	If Pledged, To Whom	Payment	
				Terms	Amount
TOTAL	\$0	\$0			\$0

SCHEDULE C: LIFE INSURANCE - LIST ALL POLICIES IN WHICH YOU ARE NAMED AS THE INSURED

Beneficiary	Face Amount	Cash Surrender Value	Company and Type of Policy	Loans Against Policy	If Assigned, To Whom
TOTAL	\$0	\$0		\$0	

SCHEDULE D: REAL ESTATE

Description & Address	Title in Name of	Present Value	If Mortgaged, To Whom	Present Mtg. Balance	Payment	
					Terms	Amount
TOTAL		\$0		\$0		\$0

SCHEDULE E: PERSONAL PROPERTY, EQUIPMENT, MOTOR VEHICLES, ETC.

Description	Present Value	If Mortgaged, To Whom	Present Loan Balance	Payment	
				Terms	Amount
TOTAL	\$0		\$0		\$0

SCHEDULE F: NOTES PAYABLE (NOT SHOWN ABOVE)

Lender	Present Loan Balance	Security (If Any)	Payment	
			Terms	Amount
TOTAL	\$0			\$0

SCHEDULE G: ACCOUNTS PAYABLE

(Name Four Largest Creditors)	Amount	Related Companies
TOTAL	\$0	

Other Information: (Include important credit references not shown above). If space is insufficient, attach separate schedules.

Certification--

I/we understand that you are expressly relying on the information contained herein in deciding to grant or maintain credit. I/we warrant and represent that the information provided is true and complete. I/we agree to notify you promptly in writing upon any material change in the information provided herein, and further acknowledge that you will continue to regard this statement as true and complete until your receipt of such written notification. You are authorized to make such inquiries as you deem necessary and appropriate to verify the accuracy of this statement.

Date Signed

Signature

Signature