

PERSONAL FINANCIAL STATEMENT

TYPE OF CREDIT - CHECK THE APPROPRIATE BOX

- Individual - if you check this box, provide financial information only about yourself.
- Joint, with _____ Relationship _____ if you check this box, provide Financial information about yourself and the other person.

INDIVIDUAL INFORMATION (Type or Print)	Position or Description
Name:	Business Name
Residence Address	Business Address
City, State & Zip	City, State & Zip
Res. Phone	Bus. Phone

STATEMENT OF FINANCIAL CONDITION AS OF _____

ASSETS		LIABILITIES AND NET WORTH	
Cash (See Sched. No. 1) On hand and unrestricted in banks	\$	Notes Payable to Banks. Unsecured. Direct borrowing only (See Sched. No. 1)	\$
U.S. Government Securities (See Sched. No. 2)		Notes Payable to Banks. Secured. Direct borrowing only (See Sched. No. 1)	
Accounts and Loans Receivable (See Sched. No. 3)		Notes Receivable. Discounted. With banks, finance companies, etc. (See Sched. No. 1)	
Notes Receivable, Not Discounted (See Sched. No. 3)		Notes Payable to Others. Unsecured.	
Notes Receivable, Discounted With banks, finance companies, etc. (See Sched. No. 3)		Notes Payable to Others. Secured.	
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 4)		Loans Against Life Insurance (See Sched. No. 4)	
Other Stocks and Bonds (See Sched. No. 5)		Accounts Payable	
Real Estate (See Sched. No. 6)		Interest Payable	
Automobiles Registered or Own Name		Taxes and Assessments Payable (See Sched. No. 6)	
Other Assets (Itemize)		Mortgages Payable on Real Estate (See Sched. No. 6)	
		Other Liabilities (Itemize)	
		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

SOURCE OF INCOME

PERSONAL INFORMATION

NOTE: YOU DO NOT HAVE TO LIST INCOME FROM ALIMONY, CHILD SUPPORT, OR MAINTENANCE UNLESS YOU WANT US TO CONSIDER IT.

Salary	\$	Partner or officer and any other venture
Bonus and commissions	\$	
Dividends	\$	Married Dependent Children
Real Estate Income (Net of Expenses)	\$	Unmarried Other Dependents
Other Income - Itemize	\$	Separated
Total	\$	

CONTINGENT LIABILITIES

GENERAL INFORMATION

As endorser or co-maker	\$	Are any assets pledged?
On leases or contracts	\$	Are you defendant in any suits or legal actions?
Legal claims	\$	
Provisions for Federal Income Taxes	\$	Have you ever made a composition settlement? Explain:
Other Special debt.	\$	Have you ever taken bankruptcy? Explain:

SUPPLEMENTARY SCHEDULES

No. 1 Banking Relations (A list of all my bank accounts, including savings and loans)

Name and Location of Bank	Cash Balance	Amt. of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured

(SEE OTHER SIDE)

No. 2 U.S. Governments & Marketable Securities

Number of Shares of Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

No. 3 Accounts, Loans and Note Receivable. (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Hold	Date Payment Expected

No. 4 Life Insurance

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Tot. Cash Surrender Value	Tot. Loans Against Policy	Amt. of Yearly Premium	Is Policy Assigned

No. 5 Other Stocks and Bonds

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

No. 6 Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:

Description Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount

This statement is hereby delivered to BISCAYNE BANK to induce it to extend credit from time to time and/or to continue its present extensions of credit, in its discretion to the person(s) whose affairs are herein set forth. The undersigned hereby certifies that in his/her opinion this statement is correct and complete, and accurately reflects the condition and affairs of said person(s) at the date and for the period(s) stated and that said statement reflects all known liabilities, direct or contingent, as of the date thereof.

The undersigned also represents and warrants that to his/her knowledge there has to date been no material adverse change in the condition or affairs of said person(s) from the date of such statement.

Signature (Individual) _____

S.S. No. DATE OF BIRTH

Signature (Other Party) _____

Date Signed _____

S.S. No. DATE OF BIRTH