



Type of Credit - Check the appropriate box

provide financial information about yourself only

jointly with the following person: _____

Relationship with person: _____

Date of Financial Statement: _____

SECTION A: PERSONAL INFORMATION

NAME	SOCIAL SECURITY NO.	DATE OF BIRTH			NUMBER OF DEPENDENTS
SPOUSE'S NAME	SOCIAL SECURITY NO.	DATE OF BIRTH			
HOME ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER	LENGTH?
EMPLOYER	BUSINESS ADDRESS		POSITION	PHONE NUMBER	LENGTH?

SECTION B: PERSONAL BALANCE SHEET

SECTION A: ASSETS (Schedules)		SECTION B: LIABILITIES (Schedules)	
(1) Cash	\$	Credit Card Debt	\$
(2) Marketable Sec.	\$	Taxes Payable	\$
(3) Nonmark. Sec.	\$	(5) Homestead Debt	\$
(4) Business Investments	\$	(5) Other R/E Debt	\$
(5) Homestead R/E	\$	(8) Notes Payable	\$
(5) Other R/E	\$	(2) Margin Debt	\$
(6) Retirement Assets	\$	(7) Automobile Debt	\$
Personal Effects	\$	(7) Personal Effects Debt	\$
Automobiles	\$	(7) CVLI Debt	\$
Cash Value Life Insurance	\$	Other Liabilities:	
Miscellaneous Assets:			\$
	\$		\$
	\$	TOTAL LIABILITIES	\$
TOTAL ASSETS	\$	NET WORTH	\$
		TOTAL L & NW	\$

SECTION C: PERSONAL CASH FLOW STATEMENT (ANNUAL)

SOURCE OF FUNDS (INCOME)		USE OF FUNDS (EXPENSES)	
Gross Salaries/Wages		Living Expenses	
Bonuses/Commissions		R/E Payments	
Interest/Dividends	\$	Installment Payments	\$
Business Distributions	\$	Business Contributions	\$
Other Income (specify):		Other Expenses (specify):	
	\$		\$
	\$		\$
TOTAL CASH INCOME	\$	TOTAL CASH EXPENSES	\$
TOTAL ANNUAL CASH FLOW:		\$	

SECTION D - CONTINGENT LIABILITIES

(A) As Guarantor/Comaker	\$		
(B)	\$		
TOTAL A&B		\$	

Describe A-G from above on back page. (Include Beneficiary Party, Amount Obligated and When Obligated, Purpose, and Maturity Date.)

SCHEDULE 1-CASH					
ACCT HOLDER	BANK NAME	CURRENT BALANCE	TYPE	JOINT?	PLEGDED?
		\$			
		\$			
		\$			
		\$			
		\$			
TOTALS		\$			

SCHEDULE 2- MARKETABLE SECURITIES (Stocks, Bonds, Gov't Issues, Mutual Funds, etc.)					
DESCRIPTION	# SHARES	MARGIN DEBT	ACQUISITION COST	MARKET VALUE	PLEGDED?
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
TOTALS		\$	\$	\$	

SCHEDULE 3 - NON-MARKETABLE SECURITIES				
DESCRIPTION	# SHARES	ACQUISITION COST	MARKET VALUE	PLEGDED?
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
TOTALS		\$	\$	

SCHEDULE 4 - INVESTMENTS IN BUSINESSES						
BUSINESS NAME	% OWNED	LAST FYE N/W	VALUE	DISTRIBUTIONS	CONTRIBUTIONS	GUARANTEED DEBT
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
TOTALS			\$	\$	\$	\$

SCHEDULE 5 - REAL ESTATE RELATED DEBT						
LOCATION	% OWNED	LIEN HOLDER	COST	MV	DEBT	MDS
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
TOTALS			\$	\$	\$	\$

SCHEDULE 6 - IRA'S, KEOGH'S & OTHER QUALIFIED PLANS				
TYPE	% VESTED	CURRENT BALANCE	CURRENT LOANS	NET VALUE
		\$	\$	\$
		\$	\$	\$
TOTALS		\$	\$	\$

SCHEDULE 7 - OTHER ASSETS			
DESCRIPTION	MARKET VALUE	DEBT BALANCE	MONTHLY DEBT SERVICE
AUTOMOBILES	\$	\$	\$
CASH VALUE LIFE INSURANCE	\$	\$	\$
PERSONAL EFFECTS	\$	\$	\$
TOTALS	\$	\$	\$

SCHEDULE 8 - NOTES PAYABLE
(excludes homestead, other r/e, and guaranteed debt)

NAME OF FINANCIAL INSTITUTION	COLLATERAL TYPE	DEBT BALANCE	MONTHLY DEBT SERVICE
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTALS		\$	\$

The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit. I/We agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify the Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition. I/We authorize Prime Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/We authorize and instruct any person or consumer reporting agency to furnish to Prime Bank any information that that it may have or obtain in response to such credit inquiries.

I/We fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

APPLICANT SIGNATURE	DATE	JOINT APPLICANT SIGNATURE	DATE

- (1) Are you a defendant in any suits or legal actions?
- (2) Have you drawn a will?
- (3) Have you ever filed a petition in bankruptcy?
 Has one ever been filed against you involuntarily?

If "yes" was answered to question numbers (1) or (3), please explain on page 4 under "additional comments".

ADDITIONAL COMMENTS

Large empty rectangular area for providing additional comments.

Applicant Signature

Date

Additional Applicant Signature (if applicable)

Date