## PERSONAL FINANCIAL STATEMENT

Name

**Residence Address** 

As of \_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan. **Business Phone Residence** Phone

ty, State, & Zip Code									
isiness Name of Applicant/Borro	wer								
	ASSETS	(Omit Cents)	)		LIA	BILITIES	(Omit Cents)		
ash on hands & in Banks	\$		Αссοι	ints Payable		\$			
avings Accounts	\$		Notes	Payable to E	Banks and Others	\$			
A or Other Retirement Account				, Describe in S					
ccounts & Notes Receivable					,	\$			
fe Insurance-Cash Surrender Va				lo. Payments					
(Complete Section 8)	φ				·	 \$			
	\$			lo. Payments					
tocks and Bonds				on Life Incom	\$				
· · · · · · · · · · · · · · · · · · ·	\$		Loan	Loan on Life Insurance \$   Mortgages on Real Estate \$					
eal Estate	Ψ					Ψ			
,	<b>^</b>			Describe in S		<u>^</u>			
utomobile-Present Value				Unpaid Taxes \$					
ther Personal Property	\$		`	Describe in S	,				
(Describe in Section 5)			Other	Liabilities		\$			
ther Assets	\$			Describe in S					
(Describe in Section 5)			Total	_iabilities		\$			
			Net W	orth		\$			
	Total <sup>\$</sup>				Т	otal <sup>\$</sup>			
ection 1. Source of Income				Contingent Liabilities					
ılary	\$		As En	dorser or Co	o-Maker	\$			
-	nent Income \$		Legal	_ Legal Claims & Judgments \$					
al Estate Income				Provision for Federal Income Tax\$					
her Income (Describe below)*				Other Special Debt \$					
escription of Other Income in Sec									
limony or child support payments ne	ed not be disclosed in "Ot	her Income" unless	s it is desired	I to have such	payments counted to	ward total income.			
		(Use attachmen this statement a	ts if necess and signed.	ary. Each at )	tachment must be i	dentified as a part of			
Name and Address of N	loteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secure Type of	d or Endorsed Collateral		
		1 1	1		i				

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Section 3.											
Number of Shares	Name of Securities		Cost		Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value				
Section 4. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)											
T ma of Droporty		Property A			Property B	ł	Property C				
Type of Property											
Address											
Date Purchased											
Original Cost											
Present Market Value	е										
Name & Address of Mortgage	e Holder										
Mortgage Account N	lumber										
Mortgage Balance											
Amount of Payment	per Month/Year										
Status of Mortgage											
Section 5.					ged as security, state na , describe delinquency)	me and address of lien ho	lder, amount of lien, terms				
Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)											
Section 7. Oth	er Liabilities. (De	escribe in detail.)									
Section 8. Life	Insurance Held.	(Give face amount and	cash surrender	value of	policies - name of ins	urance company and be	eneficiaries)				
I authorize National Equipment Leasing Corporation and its Assignee's to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s).											
Signature:				Date:	Social	Security Number:					
Signature:				Date:	Social	Security Number:					
Send completed form to: ATTN: Credit at National Fax: (888) 332-nelc (6352) Email: credit@nelc.com											