

SOLUTIONS SPECIALTY

INSURANCE BROKERS

4437 E. Slauon Ave, Maywood CA 90270 <> Tel: (323)771-0777, Fax: (323)771-9977

**PERSONAL FINANCIAL STATEMENT
NOT TO BE USED FOR BUSINESS STATEMENTS.**

**To induce COMPANY to become surety for the Undersigned, or to accept
the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement**

Personal financial statement of _____ SS. NO. _____
(Name)

(Street Address, City, State, Zip)
HOME PHONE NO. () _____ BUS. PHONE NO. () _____

NAME OF SPOUSE _____

AS OF _____
(Date)

CURRENT ASSETS	CURRENT LIABILITIES	
Cash on hand (not in bank)	Notes payable to (names and addresses):	
Cash in following banks (names and addresses):	
.....	
.....	Sales Contracts & Chattel Mtgs. (Sch. 6)	
Stocks and bonds (Schedule 1)	Accounts payable	
Accounts receivable (Schedule 2)	Current portion of long term debt	
Notes receivable (Schedule 3)	Other current liabilities (Schedule 6)	
Other current assets (Schedule 6)	
.....	
.....	Current Year's Income Taxes Unpaid	
.....	Prior Year's Income Taxes Unpaid	
.....	Real Estate Taxes Unpaid	
.....		
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES	
FIXED ASSETS	LONG TERM LIABILITIES	
Real estate (Schedule 4):	Real estate debt (Schedule 4):	
Residence	Residence	
Other	Other	
Cash value of life insurance (Schedule 5)	Borrowed on life insurance (Schedule 5)	
.....	
Other assets and investments (Schedule 6)	Other long term debt (Schedule 6)	
.....	
.....	
.....	
.....	TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS	NET WORTH	
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES

FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____

GIVE DETAILS _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL							

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

6. OTHER ASSETS AND LIABILITIES

Other Current Assets (itemize)	Other Current Liabilities (itemize)	Amount

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature _____
 S.S. No. _____ Date of Birth _____

Signature _____
 S.S. No. _____ Date of Birth _____

Date Signed _____, _____.