COMMERCIAL OR PERSONAL FINANCIAL STATEMENT

NAME: _____ TO: Community State Bank

ADDRESS: _____ HOME PHONE: _____ WORK PHONE: _____

LOCATION: _____ SOCIAL SECURITY# _____ AGE: _____

TYPE OF BUSINESS: _____ TIN# _____

ASSETS	APPLICANT COLUMN	BANK USE	LIABILITIES	APPLICANT COLUMN	BANK USE
Cash on Hand			Acc't. Payable (See Schedule 9)		
Savings Acc't. (See Schedule 1)			Unsecured Notes (See Schedule 10)		
Cash Value of Life Insurance (See Schedule 2)			Notes Secured by Chattels (See Schedule 10)		
Acc't. & Notes Receivable (See Schedule 3)			Loans on Life Insurance (See Schedule 2)		
Business Inventory, Supplies, Materials (See Schedule 4)			Real Estate Taxes Due		
Personal Property (See Schedule 5)			Personal Taxes Due		
Stocks & Bonds (See Schedule 6)			Withholding & Payroll Taxes		
TOTAL CURRENT ASSETS	$		Federal & State Income Taxes		
Vehicles & Equipment (See Schedule 7)			Installment Loans (See Schedule 11)		
Real Estate (See Schedule 8)					
Other Assets			Judgements		
			TOTAL CURRENT LIABILITIES	$	
			Liens on R/E (See Schedule 12)		
			Other Debts:		
			TOTAL LIABILITIES	$	
TOTAL ASSETS	$		**NET WORTH**	$	

IMPORTANT NOTICE: The Bank is protected by federal and state laws which make it a criminal offense to give a false statement for the purpose of influencing a decision by the Bank or to sell or otherwise dispose of collateral with the intent to defraud the Bank.

The statements made in the Balance Sheet are for the purpose of inducing the Bank to grant the credit requested. Everything that I/we have stated in the Balance Sheet and all supporting schedules is correct to the best of my/our knowledge. I/We understand that the Bank will retain this statement whether or not credit is approved. The Bank may verify all information given in connection with this statement, check my/our credit history, employment and income history, and answer questions about the Bank's credit experience with me/us.

_____ SIGNATURE _____ DATE _____ SIGNATURE _____ DATE

_____ SIGNATURE _____ DATE _____ SIGNATURE _____ DATE

Type of organization: ☐ Proprietor ☐ Partnership ☐ Corporation

Type of merchandise carried _____

Date business started _____

If Partnership, Name Partners _____ _____

If Corporation, Name Officers _____ _____

SUPPLEMENTAL SCHEDULES

NO. 1 - SAVINGS ACCOUNTS

DESCRIPTION	LOCATION	PRESENT VALUE

NO. 2 - FACE AMOUNT & CASH VALUE OF LIFE INSURANCE

POLICY MAKER	TERMS	FACE AMOUNT	CASH VALUE	AMT. OF LOAN

NO. 3 - ACCOUNTS & NOTES RECEIVABLE

NAME OF DEBTOR	AMOUNT OWING	DESCRIPTION OF SECURITY HELD
1.		
2.		
3.		

NO. 4 - BUSINESS INVENTORY, MATERIALS & SUPPLIES

QUANTITY	ITEM	WHOLESALE COST	RETAIL VALUE

NO. 5 - PERSONAL PROPERTY

DESCRIPTION	VALUE

NO. 6 - STOCKS & BONDS

NO. SHARES	NAME OF CORPORATION	COST	PRESENT MARKET VALUE	TO WHOM PLEDGED

NO. 7 - VEHICLES & EQUIPMENT

ITEM	VALUE
TOTAL	

NO. 8 - REAL ESTATE OWNED

DESCRIPTION	LOCATION	ORIGINAL COST	PRESENT VALUE

NO. 9 - OPEN ACCOUNTS & ACCOUNTS PAYABLE

NAME OF CREDITOR	ADDRESS	PURPOSE	DATE DUE	AM'T. OWED

NO. 10 - LOANS SECURED & UNSECURED

NAME OF CREDITOR	ADDRESS	COLLATERAL	DUE DATE	%	AM'T. OWED

NO. 11 - INSTALLMENT LOANS

NAME OF CREDITOR	ADDRESS	COLLATERAL	MONTHLY PMT.	%	AM'T. OWED

NO. 12 - LIENS ON REAL ESTATE

NAME OF CREDITOR	DESCRIPTION	LOAN MATURITY	PMTS. DUE	PMTS.	%	AM'T. OWED

NO. 13 - CONTINGENT LIABILITIES OR ENDORSER FOR OTHERS

NAME	SECURED PARTY	AMOUNT OF NOTE	% OF LIABILITY