National **Equipment Leasing**
9801 Fall Creek Road #342
Indianapolis, IN 46256
Phone: 317-823-0447 Fax: 317-823-0474

PERSONAL FINANCIAL STATEMENT

Name	Social Security Number	Date of Birth

Home Address	Home Phone

Instructions

Please fill in your assets and liabilities in the appropriate spaces.
Total assets should = total liabilities + Net Worth.

DATE OF STATEMENT

Assets		Liabilities		Payments
Cash	$	Real Estate mortgage (Complete Schedule 1)	$	
Investment—Stocks & Bonds		Installment Loans (Number) Payments At $		
Accounts & Loans Receivable		**Credit Card Balance**		
Real Estate Owned (Complete Schedule 1)		Federal Income Tax		
Auto Year Make		Other Liabilities		
Auto Year Make		**TOTAL LIABILITIES**	$	
Individual Retirement Account / Pension Fund		**NET WORTH** (Total Assets Minus Total Liabilities	$	
Other Assets				
TOTAL ASSETS	$	TOTAL LIABILITIES + NET WORTH	$	

Sources of Income

ALIMONY—CHILD SUPPORT Inclusion of alimony, separate maintenance, or child support as income is voluntary and need not be revealed if you do not wish to have it considered. If you choose to include such payment, please describe it by the court and case number, the amount, and the name and address of the person obligated to pay that amount to you. If you are responsible for paying alimony, separate maintenance, or child support, please give particulars of the obligation, along with your other obligations.

Salary	$
Bonus & Commissions	
Dividends & Interest	
Net Rents & Royalties	
Other (Itemize)	
TOTAL ANNUAL INCOME	$

Personal Information

Occupation Or Type of Business:

Employer:

Position Held:

How Long Employed:

Number of Dependents (List):

1) 2)

3) 4)

5) 6)

Schedule 1	Location & Date Purchased	Purchase Price	Current Value	Balance Owed	Monthly Payments	Mortgage Holder
Real Estate Owned						

You confirm that: this application is given to us for the purpose of obtaining credit from time to time; you have read it and it is true and complete; and you authorize us to obtain information from others concerning your credit standing and other relevant information impacting this application and to provide to others information about our transactions and experiences with you. In addition to the information requested on this application, National Equipment Leasing may subsequently request additional information from you.
IMPORTANT INFORMATION: Except as otherwise prohibited by law, you agree and consent that we, National Equipment Leasing and it subsidiaries, may share all information about you that National Equipment has or may obtain. Under the Fair Credit Reporting Act, there is certain credit information that cannot be shared if you tell us by writing to National Equipment Leasing, 7215 East 21st Street, Suite F, Indianapolis Indiana 46219 including your name, address, account number and social security number.

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____