

Personal Financial Information

Submitted to: SALIN BANK AND TRUST COMPANY

Date: _____

IMPORTANT: Read these directions before completing this Statement

Please do not enter information in the shaded areas.

If you are applying for individual credit in your own name and are relying on your own income, or assets and not income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), or corporation(s), complete only Sections 1, 3 and 4.

If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

If you are applying for joint credit complete all sections. If you are also relying on income from alimony, child support, or separate maintenance please have them fill out section 2 of another Personal Financial Statement. Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

We intend to apply for joint credit. Please have both applicants sign.

Applicant signature _____

Co-Applicant signature _____

Section 1 - Individual Information

Section 2 - Other Party Information

Name:	
Address:	
Address 2:	
City:	
State:	
Zip:	
Social Security #:	
Date of Birth:	
Position or Occupation:	
Business Name:	
Business Address:	
City:	
State:	
Zip:	
Length at present address:	
Length of employment:	
Residential Phone:	
Business Phone:	

Name:	
Address:	
Address 2:	
City:	
State:	
Zip:	
Social Security #:	
Date of Birth:	
Position or Occupation:	
Business Name:	
Business Address:	
City:	
State:	
Zip:	
Length at present address:	
Length of employment:	
Residential Phone:	
Business Phone:	

Yes No Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet.

Yes No Are (either of) you a defendant in any suit or legal action?

Yes No Are (either of) you presently subject to any unsatisfied judgments to tax liens?

When, if ever, have (either of) you been audited by IRS?

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Section 3 - Statement of Financial Condition as of _____, 200_

Assets

In Dollars (omit cents)

- Cash, Checking and Savings, CD's (see Schedule A)
- U.S. Government and marketable securities (see Schedule B)
- Non-marketable securities (see Schedule C)
- Securities held by broker in margin accounts
- Restricted control or margin account stocks
- Real estate owned (see Schedule D)
- Accounts, loans and notes receivable
- Automobiles
- Cash surrender value-life insurance (see Schedule E)
- Vested interest in deferred compensation/profit sharing (see Schedule F)
- Business Ventures (see Schedule G)
- Other assets/personal property

<i>Individual</i>	<i>Joint</i>	<i>If joint, with whom</i>
\$ -	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	
	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	

Total Assets

Liabilities

- Notes payable to banks and others (see Schedule H)
- Due to brokers
- Amounts payable to others-secured
- Amounts payable to others-unsecured
- Accounts and bills due
- Unpaid income tax
- Other unpaid taxes and interest
- Real estate mortgages payable (see Schedule D)

<i>Individual</i>	<i>Joint</i>	<i>If joint, with whom</i>
\$ -	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	
\$ -	<input type="checkbox"/>	

Total Liabilities

Net Worth

Total Liabilities and Net Worth

Section 4 - Annual Income For Year Ended _____, 200_

Annual Income

- Salary, bonuses and commissions
- Dividends and interest
- Real estate income
- Other income

<i>Individual</i>	<i>Joint</i>
\$ -	\$ -

Total Income (Gross)

Annual Expenditures

- Mortgage/rental payments
- Real estate taxes and assessments
- Taxes-federal, state and local
- Insurance payments
- Other contract payments
- Alimony, child support and maintenance
- Other expenses

<i>Individual</i>	<i>Joint</i>
\$ -	\$ -

Total Expenditures

Contingent Liabilities Estimated Amounts

Do you have any . . .

Contingent liabilities (as endorser, co-maker or guarantor?)

(On Leases? On contracts?)

Involvement in pending legal actions?

Contested income tax liens?

Any estimated capital gains tax on the unrealized asset appreciation?

Contingent liabilities (as endorser, co-maker or guarantor?)

<i>Individual</i>	<i>Joint</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

If "yes" to any question(s), describe:

Total Contingent Liabilities

\$ -	\$ -
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Personal Financial Information (Schedules A-H)

SCHEDULE A - CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Market Value	Exchanges Were Traded?

SCHEDULE C - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Value	Method of Valuation

SCHEDULE D - INVESTMENTS IN REAL ESTATE

Description/Location of Real Estate Investment	(J)	Date of Original Investment /	% Owned by	Market Value of Your % of	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage Owed To
		Amount	You	Investment				

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary & Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS

% Vested	Company Name	Account Number	Manner of Payout	Distribution Date	Beneficiary	Amount

SCHEDULE G - BUSINESS VENTURES

List Name & Address of Any Business Venture In Which You are a Principal or Partner	Your Position Title in the Business	Line of Business	Years in Business	Total Assets Listed in Section 3	Your % of Ownership	Net Worth of Business	Present Net Value of Your Investment

SCHEDULE H - LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)

Owing to (Acct. No.)	(J)	Date of Original Borrowing / Amount	Present Balance	Due	Monthly Payment	Date of Final Payment	Secured by

acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement and legal and equitable title to all assets listed herein is the undersigned's sole name, except as may be herein otherwise noted. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice of new and full written statement, this should be considered as a continuing statement and substantially correct.

You are authorized to make all inquires you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons to whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date signed	<input type="text"/>	Signature (individual) _____
Date signed	<input type="text"/>	Signature (other party) _____