



Financial Statement – Business

Instructions: to ensure all information is complete and not merely overlooked, fill all blanks with “no” or “none” where necessary to complete the form.

To: **Northrim Bank**

Proprietorship Partnership Corporation

Name: _____

Date: _____

Business or Occupation: _____ Address: _____

For the purpose of obtaining advances from time to time on bills, notes and other commercial papers signed or endorsed by the undersigned, and of obtaining credit generally, the undersigned makes the following statement of financial condition as of the close of business on the _____ day of _____, _____, and certifies to the above-named bank that the information hereinafter set forth is in all respects true, accurate, complete, and correctly reflects the financial condition of the undersigned on the date aforementioned.

Assets		Liabilities	
Cash in Northrim Bank	\$	Notes payable due with one year (see Schedule C)	
Other cash on hand and in other banks		Accounts payable not due	
Notes receivable due within one year		Accounts payable past due	
Accounts receivable		Accrued expenses	
Less: reserve for bad debts	()	Provision for income taxes	
Merchandise (at cost)		Total payments due within one year on real estate and chattel mortgages	
US bonds or notes		Other current liabilities (itemize)	
Other listed securities (see Schedule A)			
Other current assets (itemize)			
		TOTAL CURRENT LIABILITIES \$	
TOTAL CURRENT ASSETS \$		Chattel mortgages – remaining portion	
Notes receivable due after one year		Real estate mortgages – remaining portion	
Real Estate (see Schedule B)		Other term liabilities (itemize)	
Machinery, furniture and fixtures			
Less: depreciation	()	TOTAL TERM LIABILITIES \$	
Prepaid expenses		TOTAL LIABILITIES \$	
Other assets (itemize)		Net worth (if not incorporated)	
		Capital stock	
		Paid-in surplus	
TOTAL NON-CURRENT ASSETS \$		Retained earnings	
TOTAL ASSETS \$		TOTAL \$	

Statement of Profit and Loss

For the period beginning: _____ and ending: _____

NET SALES	\$	OPERATING PROFIT	
Cost of good sold:		Other income (itemize)	
Beginning inventory			
Add: purchases			
Total		Total	
Less: ending inventory	()	Other expenses:	
GROSS PROFIT		Interest	
Operating expenses:		Bad Debts	
Proprietor's salary		Others	
Depreciation		Total	
Selling expense		Before tax profit	
Other		Less: income taxes	
Total	()	NET PROFIT	\$

Schedule A – OTHER LISTED AND UNLISTED SECURITIES

Description	Where Traded	Market Value	Cost
TOTAL COST OF SECURITIES \$			

Schedule B – REAL ESTATE

Loan and Description	Year Purchased	Cost	Assessed Value	Fire Insurance	Present Value	Mortgages	
						Orig. Bal.	Pres. Bal.

Is real estate as listed in your name? Yes No

If not, in whose name? _____

If joint, state with whom: _____

Schedule C – NOTES PAYABLE

Name of Creditor	Collateral	When Due	Mo. Payments	Amount
TOTAL NOTES PAYABLE \$				

Contingent Liability Disclosures

- | | |
|--|---|
| <p>1) Is the company a guarantor, endorser, or co-signer on any loan or notes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2) Are any of the company's financial assets (e.g., cash accounts, certificate of deposits, stocks, and bonds) pledged to secure indebtedness other than the liabilities listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>3) Is the company a defendant in any legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4) Are there pending litigations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5) Are there any unsatisfied judgments against the company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6) Did the company ever file bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

▶ If you checked "Yes" to any one of the above questions, complete the schedule below in detail. Write "none" in those spaces that do not apply.

Borrower on Guaranteed Notes or Name of Claimants/Plaintiff	Collateral	Collateral Value	Cash Flow Information			Payable to	Mortgages, Claims, Settlement Amount or Contracts	
			Revenue	Expense	Net Income		Balance	Mo. Payment
TOTAL						TOTALS		

I currently carry \$ _____ insurance on merchandise, \$ _____ on building, and \$ _____ on Machinery and equipment. I carry \$ _____ life insurance payable to _____ and assigned to _____.

If this statement covers the business of a partnership, list below the names and addresses of all partners.

Name	Address
_____	_____
_____	_____

If you have ever failed in business, give particulars below. Add how and on what basis you settled with creditors.

The undersigned agrees any deposit or sums of any kind credited by or due from the aforesaid bank to the undersigned and any securities or other property of the undersigned in the possession of said bank may at all times be held and treated as collateral for the payment of all liabilities due said bank from the undersigned and such deposits, sums, securities or other property may at any time be applied or set off against the amount due or to become due without notice to the undersigned.

In submitting the foregoing statement, the undersigned guarantees its accuracy with the intent that it be relied upon by the aforesaid bank in extending credit to the undersigned and warrants that no information was knowingly withheld that might affect the undersigned as credit risk. The application for further credit is made or not, and in the absence of such written notice, it is expressly agreed that said bank, in granting new or continuing credit, may rely on the statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit extended or continued.

By: _____

Signed this _____ day of _____, _____