Personal Financial Sta

TEXAS
REPUBLIC
BANK
Banking like it oughta hel

2595 Preston Road, Suite 100

Credit Authorization -	Account	Requested
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We Intend to Apply for Joint Credit: Individual

Joint

Applicant/Guarantor

Frisco, Texas 75034 (972) 334-0700 or Fax (972) 334-011	Frisco, Texas 75034 (972) 334-0700 or Fax (972) 334-0114			tor
NAME / APPLI CANT	SOCIAL SE	DATE OF BIRTH		
ADDRESS	CITY	STATE	ZIP	HOME PH #
NAME / CO-APPLI CANT *	SOCIAL SECURITY #		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP	HOME PH #
EMPLOYER - APPLICANT	CITY	POSITION	BUSINESS PH#	LENGTH EMPLOYED
EMPLOYER - CO-APPLICANT *	CITY	POSITION	BUSINESS PH#	LENGTH EMPLOYED
* Do not fill in if applying for individual credit				

FINANCIAL CONDITION AS OF:

Please do not leave any questions unanswered, Use "No" or "None" where necessary, omit cents.

		COST	Value	LIABILITIES		
	Checking			Due to Brokers in Ma	rgin Accts	
Cash (Schedule 1)	Savings / CD			Notes Payable	Unsecured	
(Other			(Schedule 8)	Secured	
	Marketables			Accounts Payable (Sc	hed 8)	
Securities (Schedule 2)	Unlisted				Homestead	
(Restr./Controlled Stock			Mortgages Payable Schedule 5)	Part. Int.R/E	
Accounts Rece	vivable (Schedule 3)				R/E Owned	
Notes Receiva	ble (Schedule 3)				Income Tax	
Cash Value Lif	e Insurance-Net (Sched 4)				Other Tax	
Real	Homestead			Other Liabilities (Item	ize)	
Estate	Part.Int R/E			Revolving Accts/Credit Cards		
(Schedule 5)	R/E Owned			Other		
Oil & Gas Inte	rests (Schedule 6)					
Other Partners	ship Interests (Sched 7)					
Other Investm	ent/Business Interests					
Automobiles (Number)					
Retirement Pla	ins					
Other Assets (Itemize)					
				TOTAL LI	ABI LI TI ES	\$-
TOTAL	ASSETS	\$-	\$-	NET WORTH (Using	g Current Value)	\$-
				Total Liabilities & I	Net Worth	\$-

DO YOU HAVE ANY CONTINGENT LI ABI LI TI ES?	Amount \$	Details
As Endorser / Co-Signer / Guarantor?		
On Lease or Contracts?		
Legal Claims or Judgements?		
In Connection with Partnership Interest?		
Other - (Alimony, Child Support etc) ?		
TOTAL CONTINGENT LI ABI LI TI ES:	\$ -	



INCOME STATEMENT

** Alimony, child support or separate maintenace payments need not be

included below, unless you desire income from thest sources to be considered

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by the Bank in determining you	credit worthiness in	connection with any reque	ST
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Annual Cash I ncome	Last Year	YTD	Total Projected this Year
SALARY OR WAGES		_	
BONUS			
COMMISSIONS			
DIVIDEND AND INTEREST			
TRUST INCOME			
RENTAL I NCOME			
OIL & GAS INCOME			
SALE OF ASSETS			
EQUIPMENT SALES/LEASES			
DISTRIBUTION FROM PARTNERSHIPS			
OTHER INCOME * * (SEE NOTICE ABOVE)			
OTHER INCOME			
TOTAL CASH INCOME	\$	\$	\$

Annual Cash Expenditures	Last Year	YTD	Total Projected this Year
MORTGAGE/ RENTAL PYMTS/ TAXES			
OTER R/E TAXES/EXPENSES			
INCOME TAXES			
OTHER PAYMENTS			
ALIMONY/CHILD SUPPORT PAYMENTS			
PRINCIPAL & INTEREST PAYMENTS ON NOT			
OIL & GAS EXPENDITURES			
BUSINESS & INVESTMENT CONTRIB./EXP			
PERSONAL EXPENSES			
OTHER EXPENSES			
OTHER EXPENSES			
TOTAL CASH EXPENDITURES	\$	\$	\$
Net Cash Flow	\$	\$	

Schedule 1 - Cash							
Financial Institution / Account Names Checking Savings CD's Other (Specify) Pledged (yes/net							

Schedule 2 - Stock & Bonds								
# Shares Com/Pref Name of Issuer Symbol Mkt per Share						Liens (y/n)	Name In	

Schedule 3 - Notes & Accounts Receivable									
Payable From	Original Date	Original \$	Current Balance		Payments	Maturity	Purpose/Collateral		



SCHEDULE 4 - LI FE I NSURANCE

COMPANY	FACE AMOUNT	CASH SURRENDER OR LOAN VALUE	IS POLICY OR CASH VALUE ASSIGNED?	NAME OF BENEFICIARY

SCHEDULE 5 - REAL ESTATE OWNED AND RELATED INDEBTEDNESS

OWNERSHIP / ADDRESS - LOCATION	MARKET VALUE	ORI GI NAL DATE PURCHASED	INCOME	Monthly payment	MATURITY	CURRENT BALANCE

SCHEDULE 6 - OI L & GAS / SCHEDULE 7 - OTHER PARTNERSHIP INTERESTS

OWNERSHIP / ADDRESS - LOCATION	MARKET VALUE	ORI GI NAL DATE PURCHASED	INCOME	Monthly Payment	PURPOSE / COLLATERAL (if any)

SCHEDULE 8 - NOTES & ACCOUNTS PAYABLE

ORIGINAL DATE		PAYMENTS	MATURITY	PURPOSE / COLLATERAL (if any)
	ORIGINAL DATE	ORIGINAL DATE ORIGINAL CURRENT AMOUNT BALANCE		

GENERAL INFORMATION

ARE ANY OF THE ASSETS LISTED HELD IN TRUST OR IN AN ESTATE OR IN ANY OTHER NAME OR CAPACITY? If Yes, Please Describe:

DO YOU HAVE A WILL?

YES

NO

DO YOU HAVE A TRUST IN YOUR WILL?

NO

□ YES

IF YES, NAME OF EXECUTOR:

F SO, NAME OF TRUSTEE:

The above financial supporting schedules, which are submitted for the purpose of establishing, obtaining and maintaining credit, present a true, complete and correct statement of my financial condition as of the date shown. THE ASSETS DETAILED ABOVE ARE OWNED SOLELY BY THE UNDERSIGNED UNLESS OTHERWISE DESIGNATED.

I agree to furnish current financial information upon request by the Bank. The Bank is authorized to contact any appropriate third parties for the purpose of verifying any information at any time furnished by me to the Bank, and/or obtaining additional credit bureau information deemed necessary by the Bank. This financial statement and other information furnished shall be the property of the Bank.

SIGNATURE

DATE

SIGNATURE

DATE