



Grand Pacific

THIS IS A STATEMENT OF:
 My individual financial condition.
 The financial condition of my spouse and me.
 AS OF _____ 20_____

PERSONAL FINANCIAL STATEMENT

Name _____ Age _____ Home Address _____

Social Sec. No. _____ Home Phone _____ Zip _____

Married
 Separate Name of Spouse's _____
 Single Spouse Social Sec. No. _____

Business or Occupation _____ Business Phone _____

The following statement of condition is submitted for the purpose of procuring, establishing and maintaining credit with you on behalf of the undersigned persons, firms or corporations on whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned.

Fill all blanks, writing "no" or "none" where necessary to complete information. Use additional sheets where needed.

ASSETS	AMOUNT (Omit Cents)	LIABILITIES	AMOUNT (Omit Cents)
Cash on Hand		Notes Payable to (Name)	
Cash in Bank (Schedule A)		Accounts Payable to	
Real Estate (Schedule B)		Taxes Payable	
Accounts Receivable (Give Source)		Real Estate Mortgage Balance (Schedule B)	
Notes Receivable (Give Source)		Other Loans Payable to	
Cash Value of Life Insurance (Schedule C)		Other Loans Payable to	
Auto (Year/Make)		Other Debts (Describe)	
Auto (Year/Make)		1.	
Other Assets (Describe)		2.	
1.		3.	
2.		TOTAL LIABILITIES	
3.		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

ANNUAL INCOME	AMOUNT (Omit Cents)	ANNUAL EXPENDITURES	AMOUNT (Omit Cents)
Salary		Real Estate Payment(s)	
Spouse's Salary		Rent	
Interest Income		Income Taxes	
Dividend Income		Insurance Premiums	
Rental Income		Property Taxes	
Others (Describe)		Estimated Living Expenses	
1.		Others (Describe, including Auto Payment, etc.)	
2.		1.	
3.		2.	
TOTAL INCOME		TOTAL EXPENDITURES	

Schedule A

CASH IN BANK

BANK – NAME & BRANCH	TELEPHONE	ACCT.NO.	TYPE OF ACCT.	BALANCE

Schedule B

REAL ESTATE OWNED

DESCRIPTION & LOCATION	DATE ACQUIRED	TITLE IN NAME OF	ORIGINAL PRICE	MORTGAGE		ESTIMATED MARKET VALUE
				AMOUNT	MATURITY	

Schedule C

LIFE INSURANCE

NAME OF COMPANY	AMOUNT	CASH VALUE	LOANS	BENEFICIARY

NAME OF BANKS, FINANCE COMPANIES OR OTHER SOURCES WHERE CREDIT HAS BEEN OBTAINED

BANK – NAME & BRANCH	TELEPHONE	DATE A/C OPENED	HIGH CREDIT	TYPE OF A/C

Contingent Liabilities:

As Endorser, Co-Maker or Guarantor \$ _____ on Leases or Contracts \$ _____

Legal Claims \$ _____ Other _____ \$ _____

The undersigned certifies that both sides hereof and the information inserted therein has been carefully read and is true and correct.

Signature _____ Date Signed _____ 20 _____