



Personal Financial Statement

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name: _____ Business Phone: _____
 Residence Address: _____ Residence Phone: _____
 City, State and Zip: _____

Business Name of Applicant/Borrower: _____

Assets (Omit Cents)	\$ _____	Liabilities (Omit Cents)	\$ _____
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks & Others (Describe in Section 2)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Mo. Payments	\$ _____
Life Insurance – Cash Surrender Value Only (Complete section 8)	\$ _____	Installment Account (Other)	\$ _____
Stocks and Bonds (Describe in Section 3)	\$ _____	Mo. Payments	\$ _____
Real Estate (Describe in Section 4)	\$ _____	Loan on Life Insurance	\$ _____
Automobile – Present Value	\$ _____	Mortgages on Real Estate (Describe in Section 4)	\$ _____
Other Personal Property (Describe in Section 5)	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
Other Assets (Describe in Section 5)	\$ _____	Other Liabilities (Describe in Section 7)	\$ _____
		Total Liabilities	\$ _____
		Net Worth	\$ _____
	Total \$ _____	Total	\$ _____

Section 1. Source of Income		Contingent Liabilities	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income* (Describe below)	\$ _____	Other Special Debt	\$ _____
Description of Other Income in Section 1		_____	

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income

Section 2. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name and Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly Etc.)	How Secured or Endorsed Type of Collateral

Section 3 Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value



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Section 4. Real Estate Owned

(List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Name and Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other personal property and other assets

(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes

(Describe in detail, as to type, to whom payable, when due, amount and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities

(Describe in detail)

Section 8. Life Insurance Held

(Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)

By signing this Personal Financial Statement, the applicant(s) certifies that all information contained herein, and all attachments hereto, are true, complete, and accurate to the best of the applicant(s) knowledge as of the stated date(s) and are made for the purpose of obtaining credit for business purposes. The applicant(s) hereby authorizes Baycap LLC and its affiliates to obtain consumer credit reports now and in the future as deemed necessary by Baycap and its affiliates for purposes including but not limited to the evaluation and/or extension of the business credit requested, review of the applicant(s) account, taking collection action on the applicant(s) account, and any other legitimate purpose associated with the applicant(s) account. The applicant(s) understands FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001). The applicant(s) further authorizes Baycap and its affiliates to make inquiries as necessary to verify the accuracy of the statements made and authorizes any government agency, bank or financial institution to release credit information on the applicant(s) to Baycap and its affiliates. Each individual signing below waives any right or claim that such individual would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. Applicant agrees that submission of an electronic, photocopy or facsimile copy of a signed authorization shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. The applicant(s) further authorizes Baycap LLC to mail, fax or e-mail solicitations for future financing services or promotions to the applicant(s).

Financial Statement Date: _____

Signature: _____ Date: _____ Social Security #: _____

Signature: _____ Date: _____ Social Security #: _____