

United Leasing, Inc.

CONFIDENTIAL

Personal Financial Statement

IMPORTANT: Read these directions before completing this Statement.

- This Financial Statement should include all assets and liabilities of the individual and spouse
- Please be sure that both the individual and spouse sign and date this document
- Please attach additional schedules if needed

SECTION 1 INDIVIDUAL INFORMATION (TYPE OR PRINT)	SECTION 2 SPOUSE INFORMATION (TYPE OR PRINT)
Name	Name
Address	Address
City, State & Zip	City, State & Zip
Position or Occupation	Position or Occupation
Business Name	Business Name
Business Address	Business Address
City, State & Zip	City, State & Zip
Home Phone: _____ Bus. Phone _____	Home Phone: _____ Bus. Phone _____

SECTION 3 STATEMENT OF FINANCIAL CONDITION AS OF _____, 20__			
ASSETS (Do not include assets of doubtful value)	IN DOLLARS (Omit cents)	LIABILITIES	IN DOLLARS (Omit cents)
Cash on hand and in banks		Notes payable to Banks-secured-see Sch. F	
U.S. Gov't & Marketable Securities-see Sch. A		Notes payable to Banks—unsecured-see Sch. F	
Non-Marketable Securities-see Sch. B		Due to Brokers	
Securities held by broker in margin accounts		Amounts payable to other-secured	
Restricted or control stocks		Amounts payable to others-unsecured	
Partial interest in real estate equities-see Sch. C		Accounts and bill due unpaid income tax	
Real Estate owned-see Sch. D		Other unpaid taxes and interest	
Loan Receivable		Real Estate mortgages payable-see Schedule C and D	
Automobiles and other personal property		Other debts—itemize	
Cash value—life insurance-see Sch. E			
Other assets—itemize			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

SOURCES OF INCOME FOR YEAR ENDED _____, 20__					
Annual Income	(Individual)	(Joint)	Annual Expenditures	(Individual)	(Joint)
Salary, bonuses & commissions			Mortgage/rental payments		
Dividends & interest			Real Estate taxes & assessments		
Real Estate income			Taxes—Federal, State & Local		
Other Income (alimony, child support or separate maintenance income need not to be revealed if you do not wish to have it considered as a basis for repaying this obligation.			Insurance payments		
			Other contract payments (car payments, charge cards, etc.)		
			Alimony, child support, maintenance		
			Other expenses		
TOTAL INCOME			TOTAL EXPENDITURES		

CONTINGENT LIABILITIES	PERSONAL INFORMATION
Do you have any contingent liabilities? If so, describe.	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name of executor.
As endorser, co-maker or guarantor? \$	Are you a partner or officer in any other venture? If so, describe.
On leases or contracts? \$	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe.
Legal claims. \$	Are any assets pledged other than as described on schedules? If so describe.
Other special debt \$	Income tax settled through (date)
Amount of income tax liens, if any \$	Are you a defendant in any suits or legal actions? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Personal bank accounts carried at
	Have you ever been declared bankrupt? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, describe.

(Complete schedules and sign on reverse side)

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

United Leasing, Inc.

SCHEDULE A – U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of shares or face value (bonds)	Description	In name of	Are these pledged?	Market Value
			<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	

SCHEDULE B – NON-MARKETABLE SECURITIES

Number of shares	Description	In name of	Are these pledged?	Source of Value	Value
			<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		

SCHEDULE C – PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & type of property	Title in name of	% of ownership	Date acquired	Cost	Market Value	Monthly payment	Mortgage balance	Mortgage Holder

SCHEDULE D – REAL ESTATE OWNED

Address & type of property	Title in name of	Date acquired	Cost	Market Value	Monthly payment	Mortgage balance	Mortgage Holder

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance company	Owner of policy	Beneficiary	Face amount	Policy loans	Cash surrender value

SCHEDULE F – BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name of Lender	Credit in the name of	Secured or Unsecured?	Original date	High credit	Current balance	Monthly payment

(USE ADDITIONAL SCHEDULES IF NECESSARY)

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represent, 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 (3) 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 (2) 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 or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries 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 authorize all persons of 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.

SIGNATURE (INDIVIDUAL)

SIGNATURE (SPOUSE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DATE SIGNED

DATE SIGNED