



Member F D I C

### Financial Statement – Business

**Instructions:** to ensure all information provided is complete, write "N/A" (*not applicable*) in blanks that do not apply.

#### Section 1 – General Information

Corporation  Partnership  Proprietorship

Date of Statement: \_\_\_\_\_

Name and Physical Address of Business	Unified Business Identifier (UBI)		
	Business Phone #	Type of Business (describe briefly)	
Mailing Address (if different)	Listed Affiliated Business (include UBI)	Federal Employer Identification (FEIN)	
Tax Year of Last Filed Federal Income Tax Return	Form #	Date Federal Tax Year Ended	Net Income

#### Borrower(s) Information

Name and Title	Home Address	Phone Number	SSN	Total Shares or Interest

#### Section 2 – Financial Information

##### Bank Accounts (list all types of accounts including payroll, savings, certificates of deposit, etc.)

Name of Institution	Address	Type of Account	Account Number	Balance
Total \$				

##### Bank Credit Available (Lines of credit, etc.)

Name of Institution	Address	Credit Limit	Amount Owed	Credit Available
Total \$				

**Merchant and Credit Card Processors**

Types of Cards and Payments Accepted (Visa, Mastercard, PayPal, etc.)	Merchant Account #	Merchant Account Provider Address	Phone Number

**Life Insurance Policies Owned with Business as Beneficiary**

Name Insured	Company	Policy Number	Type	Face Amount	Available Loan Value
Total \$					

**Bankruptcy Information** (date filed or filing anticipated, bankruptcy filing number, type filed, discharge date, closure date, etc.)

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**Additional Information** concerning financial condition (Court proceedings, transfers of assets for less than full value, changes in market conditions, etc. Include information regarding company participation in trust estates, profit-sharing plans, etc.)

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Assets		Liabilities	
Cash in Vintage Bank Kansas		Notes payable due within one year (See Schedule C)	
Cash on hand and in other banks		Accounts payable not due	
Notes receivable due within one year		Accounts payable past due	
Less: reserve for bad debts		Accrued Expenses	
Merchandise (at cost)		Provision for income taxes	
US bonds or notes		Total payments due within one year on real estate and chattel mortgages	
Other listed securities (See Schedule A)		Other current liabilities (itemize)	
Other current assets (itemize)			
		<b>TOTAL CURRENT LIABILITIES \$</b>	
<b>TOTAL CURRENT ASSETS \$</b>		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		<b>TOTAL TERM LIABILITIES \$</b>	
Prepaid expenses		<b>TOTAL LIABILITIES \$</b>	
Other assets (itemize)		Net worth (if not incorporated)	
		Capital stock	
		Paid-in surplus	
<b>TOTAL NON-CURRENT ASSETS \$</b>		Retained earnings	
<b>TOTAL ASSETS \$</b>		<b>TOTAL \$</b>	

**Section 3 - Statement of Profit and Loss**

Start date of period: \_\_\_\_\_

End date of period: \_\_\_\_\_

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

**Section 4 – Schedules**

**Schedule A - Other Listed and Unlisted Securities**

Description	Where Traded	Market Value	Cost
Total \$			

**Schedule B – Real Estate**

Loan and Description	Year Purchased	Cost	Assessed Value	Fire Insurance	Present Value	Mortgages	
						Original Balance	Present Balance

Is the real estate as listed in your name?  Yes  No

If not, in whose name is it listed? \_\_\_\_\_

If joint, state with whom: \_\_\_\_\_

**Schedule C - Notes Payable**

Name of Creditor	Collateral	When Due	Monthly Payments	Amount
Total \$				

Has Undersigned executed a will disposing of estate in event of death?  Yes  No

If yes, name of Executor \_\_\_\_\_

Has Undersigned made an assignment of benefit of creditors or been involved in bankruptcy proceedings during the past ten years?  Yes  No

If yes, please state details: \_\_\_\_\_

<b>Signatures</b>
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This Financial Statement, supporting schedules and information are submitted by the Undersigned to the herein named Financial Institution for the purpose of establishing, obtaining, or maintaining credit. It is true, complete, and correct representation of the Undersigned's financial condition as of the date shown above. The Financial Institution is authorized by the Undersigned to check credit and employment history, to verify the accuracy of the information contained herein, and to answer questions about its credit experience with the Undersigned.

Signature	Date Signed	Witness
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Signature	Date Signed	Witness
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