

Date of birth: _____ Dependents: _____ Name of spouse: _____
 Address: _____ Occupation: _____ Spouse date of birth: _____
 _____ Employer: _____ Spouse employer: _____
 Home phone: _____ Work address: _____ Spouse work address: _____
 Work phone: _____

ASSETS		\$
CASH (Schedule 1)		-
SECURITIES (Schedule 2)	Marketable	-
	Not Publicly Traded	-
ACCOUNTS RECEIVABLE:		
NOTES RECEIVABLE (Schedule 3)		-
NET CASH VALUE-INS & ANNUITIES (Schedule 4)		-
REAL ESTATE: (Schedule 7)	Homestead	-
	Other Wholly Owned R/E	-
	Partial Ownership in R/E	-
OIL & GAS INVESTMENTS (Schedule 8)		-
DEFERRED COMP & RETIREMENT PLANS: (Sched. 5)		-
PERSONAL PROPERTY & AUTOMOBILES:		
OTHER ASSETS (Itemized in additional remarks)		
TOTAL ASSETS		-

LIABILITIES		\$
MORTGAGES PAYABLE (Schedule 7)	Homestead	-
	Other Wholly Owned R/E	-
	Partial Ownership in R/E	-
NOTES PAYABLE (Schedule 6)		-
OIL & GAS RELATED DEBT (Schedule 8)		-
TAXES OWING:	Income taxes:	
	Other taxes:	
ACCOUNTS PAYABLE:		
ESTIMATED CREDIT CARD BALANCE:		
OTHER LIABILITIES: (Itemize in additional remarks)		
TOTAL LIABILITIES:		-
NET WORTH: (Assets less liabilities)		-
TOTAL CONTINGENT LIABILITIES: (Schedule 9)		-

INCOME/EXPENSE INFORMATION

SOURCES OF CASH	2013	2014	2015	USES OF CASH	2014	2015
	LAST YEAR	THIS YEAR	NEXT YEAR		THIS YEAR	NEXT YEAR
RECURRING: Salaries & wages Commissions, bonuses, etc Interest, dividends Rental income Oil/gas revenues net of expenses Other business income Other SUBTOTAL	-	-	-	EXPENSES: Income taxes & FICA Other payroll deductions Living expense & misc. Rental expense Oil/gas capital expenditures Other business expenses Other* SUBTOTAL	-	-
NON-RECURRING: Commissions, bonuses, etc. Sale of assets Tax refund Other* TOTAL CASH SOURCES	-	-	-	DEBT SERVICE: Regular scheduled payments Other interest paid Other principal paid Contingent liabilities Other* TOTAL CASH USES NET CASH FLOW	-	-
*Describe in additional remarks						

The above financial & supporting schedules, which are submitted to you (lender) for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information in this statement is a criminal offense under federal law, punishable by fine and/or imprisonment.

I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and/or any credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me. It is understood that the information provided herein may be shared with any subsidiary or affiliate.

Signed _____

Signed (spouse) _____

Date _____

Date _____

SCHEDULE 1 - DEPOSIT ACCOUNTS

Style of Account	Name & Location Where Held	Balance	Type of Account	Account Number	Restricted ? No
		TOTALS (to page 1)	-		

SCHEDULE 2 - STOCKS AND BONDS

Name of Issuer	Where Traded	Number of Shares	Market value per Share	Total Market Value		Cost	Pledged?	Restricted?	Registered in the Name of
				Marketable	Not Traded				
				TOTAL - Marketable (to page 1)	-				
				TOTAL - Not traded (to page 1)	-				

SCHEDULE 3 - NOTES RECEIVABLE

Borrower	Original Amount	Rate	Date of Maturity	Present Balance	Payment Terms	Collectable?	Colateral
				TOTAL (to page 1)	-		

SCHEDULE 4 - LIFE INSURANCE AND ANNUITIES

Company	Face Amount	Cash Value	Amount of Policy Loan	Net Cash Value	Beneficiary	Name of Insured	Pledged?
				-			
				-			
				-			
				-			
				TOTAL (to page 1)	-		

SCHEDULE 5 - DEFERRED COMPENSATION AND RETIREMENT PLANS

Trustee or Plan Administrator	Type of Account	Balance/ Value	Plan Loan	Net Plan Value	In the Name of	Pledged?
				-		
				-		
				-		
				-		
TOTALS (to page 1)				-		

SCHEDULE 6 - NOTES PAYABLE

Lender	Original Amount	Rate	Maturity	Present Balance	Payment Terms	Current?	Collateral
TOTAL (to page 1)				-			

SCHEDULE 7 - REAL ESTATE

Location, Size, Improvements	Year Acquired	Cost	Market Value	Balance of Loan	Rate	Lien Holder	Annual Payments	Annual Income	Maturity	Taxes Current?	% Ownership
Homestead:											
SUBTOTAL (to page 1)				-	-						
Wholly Owned Real Estate:											
				-							
SUBTOTAL (to page 1)				-	-						
Partially Owned Real Estate:											
				-							
SUBTOTAL (to page 1)				-	-						
TOTALS			-	-							

SCHEDULE 8 - OIL AND GAS INTERESTS

Location, Description, Source of Valuation	Type of Interest	% Ownership	Present Value	Loan Balance	Rate	Maturity	Rate	Lien Holder	Annual Payments	Net Revenue	Taxes Current?
TOTALS (to page 1)			-	-							

SCHEDULE 9 - CONTINGENT LIABILITIES

State total amount of liability and provide appropriate detail in the space below.

	\$				\$
1. As Guarantor or Endorser				5. Standby Letter of Credit	
2. On Leases or Contracts				6. Liability in Excess of Percentage in Part Owned Assets	-
3. Legal Claims or Judgements				7. Tax Liability if Assets Sold at Stated Value	-
4. Income Tax Claim or Disputed Amount				8. Other	-

Type #	Name of Party Receiving Benefit	Obligation Amount	Payment Timing	Explanation: Include whether you anticipate having to honor this liability.	Maturity Date
			various		

BUSINESS INTERESTS

Business in which I'm Partner, Officer, Owner, etc.	Business Nature	Business Bank Account

ADDITIONAL QUESTIONS

I understand that the following questions are addressed to me and I have answered them appropriately.

- | | | | |
|--------------------------|--------------------------|----|--|
| | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | | 1. Are any assets held in trust, in an estate or in any other capacity? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 2. Were any of the assets owned or claimed by your spouse before marriage; or acquired by your spouse during marriage by gift or inheritance; or recovered for personal injuries sustained by your spouse during marriage; or acquired from the proceeds of liquidation of any of the preceding? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 3. Are any of your real estate properties used by you in your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 4. Do any of your assets secure any debts which have not been reported in the preceding schedules? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 5. Are you a party to any suit or are there any unsatisfied judgements against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 6. Have you been through bankruptcy or made an assignment for benefit of creditors? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 7. I have explained fully under the additional remarks section any yes answers to the foregoing questions. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 8. I have made a will the executor is: _____ |

ADDITIONAL REMARKS