

FINANCIAL STATEMENT - INDIVIDUAL

INDIVIDUAL
JOINT

DATE OF STATEMENT

TO FINANCIAL INSTITUTION NAMED		NAME OF INDIVIDUAL	
First Texoma National Bank			
HOME ADDRESS	HOME PHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
EMPLOYER NAME AND ADDRESS	OFFICE PHONE	POSITION/TITLE	YEARS EMPLOYED

ASSETS (Omit Cents)

LIABILITIES (Omit Cents)

Cash in This Financial Institution (Schedule A)		Notes Payable to Financial Institutions (Schedule F)	
Cash in Other Financial Institutions (Schedule A)		Other Notes and Accounts Payable (Schedule F)	
Money Market Accounts (Schedule A)		Loans Secured by Real Estate (Schedule E)	
Notes and Loans Receivable (Schedule B)		Life Insurance Policy Loans (Schedule D)	
Other Accounts Receivable (Schedule B)		Taxes (Federal, State, Local) Due and Unpaid	
Stocks and Bonds - Marketable (Schedule C)		Credit Cards	
Other Stocks and Bonds (Schedule C)		Due to Brokers in Margin Accounts	
Partnership and Proprietorship Interests			
Cash Surrender Value Life Insurance (Schedule D)			
Real Estate Owned (Schedule E)			
Other Assets		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES and NET WORTH	

INCOME AND EXPENSES for year ending

Salaries, Wages, Commissions, and Bonuses		Interest Paid	
Interest and Dividends		Rent Paid	
Business and Partnership Income		Federal and State Income Taxes	
Rentals		Other Taxes	
Income from Estates and Trusts		Alimony, Child Support, and Separate Maintenance	
Other (<i>Describe</i>) - Alimony, Child Support, or Separate Maintenance need not be revealed if you do not wish to have it considered as a basis for repaying any obligation.			
TOTAL INCOME		TOTAL EXPENSES	

Federal Income Tax Return has been filed through _____ Any Additional Assessments? No Yes Amount: _____

CONTINGENT LIABILITIES

NATURE OF LIABILITY	DESCRIPTION	AMOUNT
Liabilities as Endorser, Co-Maker, or Guarantor		
Liabilities on Leases and Contracts		
Liabilities on Letters of Credit		
Contested Tax Liens		
Involvement in Pending Legal Actions, Claims, Judgments, etc.		

SCHEDULE A - CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS

NAME OF FINANCIAL INSTITUTION	NAME ON ACCOUNT	TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE

COMPLETE ALL APPLICABLE SCHEDULES AND SIGN ON REVERSE SIDE

SCHEDULE B - NOTES AND LOANS RECEIVABLE AND OTHER ACCOUNTS RECEIVABLE

ORIGINAL AMOUNT	DUE FROM	BALANCE OWING	PAYMENT SCHEDULE	MATURITY	COLLATERAL

SCHEDULE C - STOCKS AND BONDS

ISSUING COMPANY	REGISTERED IN NAME OF	NO. OF SHARES OR FACE AMT. OF BONDS	VALUE		IF PLEDGED, TO WHOM?	WHERE TRADED
			PER SHARE	TOTAL		

* Indicate whether Stocks are Common or Preferred

SCHEDULE D - LIFE INSURANCE

INSURANCE COMPANY	POLICY NUMBER	POLICY OWNER	BENEFICIARY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	LOANS AGAINST POLICY

SCHEDULE E - REAL ESTATE (Indicate by Homestead)

LOCATION and DESCRIPTION	<input checked="" type="checkbox"/>	ORIGINAL COST	MARKET VALUE	MO. INCOME	MORTGAGE PAYABLE TO	MORTGAGE AMOUNT	PER MONTH

SCHEDULE F - NOTES AND ACCOUNTS PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS

DUE TO WHOM	AMOUNT	HOW PAYABLE	MATURITY	COLLATERAL PLEDGED

SCHEDULE G - BUSINESSES IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER

NAME & ADDRESS OF BUSINESS	TYPE OF BUSINESS	% OWNERSHIP	POSITION/TITLE	FINANCIAL INST. OF ACCT.

Has undersigned executed a will disposing of estate in event of death? Yes No If yes, name of Executor: _____

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

If yes, please state details: _____

Marital Status (Do not complete if applying for individual unsecured credit):

Married Separated Unmarried (Including single, divorced, or widowed) Number of Dependents: _____

SIGNATURES

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 a 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	SIGNATURE
_____	_____	_____
SIGNATURE	DATE SIGNED	SIGNATURE