

BUSINESS FINANCIAL STATEMENT (MARKET BASED)
SUBMITTED TO
DEMOTTE STATE BANK (THE BANK)

AS OF _____ MO. _____ DAY _____ YEAR

NAME: _____ DOB _____ S.S. # _____
NAME: _____ DOB _____ S.S. # _____
ADDRESS _____ PHONE _____

ASSETS	SCHEDULE	AMOUNT	LIABILITIES	SCHEDULE	AMOUNT
Cash and Savings	A		Accounts Payable	L	
Securities (Readily Marketable)	B		Notes Payable (due 1 yr. or less)	M	
Life Insurance (Cash Value Only)	C		DEMOTTE STATE BANK	M	
Accounts Receivable (Collectible)	D		Other Financial Institutions	M	
Inventory	E		Individuals	M	
Other Current Assets			Credit Cards	M	
			Other Current Liabilities	M	
TOTAL CURRENT ASSETS			TOTAL CURRENT LIABILITIES		
Retirement Accounts	G		Notes Payable (due 1 yr. or more)	M	
Securities (Not Readily Marketable)	B		DEMOTTE STATE BANK	M	
Other Intermediate Assets	H		Other Financial Institutions	M	
Motor Vehicles	I		Individuals	M	
Machinery & Equipment	J				
			Other Intermediate Term Debts		
TOTAL INTERMEDIATE ASSETS			TOTAL INTERMEDIATE LIABILITIES		
Real Estate Owned by Deed	K		Mortgages: DEMOTTE STATE BANK	N	
			Other Financial Institutions	N	
Real Estate Purchased on Contract	K		Contract Liability	N	
			Other Long-Term Liabilities	N	
TOTAL LONG-TERM ASSETS			TOTAL LONG-TERM LIABILITIES		
TOTAL ASSETS			TOTAL LIABILITIES		
NET WORTH					
In addition to liabilities listed, I (We) have endorsed, or am otherwise contingently liable (describe by lawsuits) for the following:					
GENERAL INFORMATION					
Partner, officer, or owner in any other venture? No Yes, if so, explain					
Are any assets pledged?					
If you wish for DeMotte State Bank to contact your accountant, please provide name and telephone number.					
Are you a defendant in any Suits or Legal Action?					
Do you have a Will? Yes No With Whom?					
Have you ever filed Bankruptcy? If so, when					
The above statement (including supporting schedules) is a true, accurate, and complete statement of my (our) financial condition as of the above date. I (we) submit this information, along with my (our) income statement for the purpose of obtaining, extending, and maintaining credit from the bank, and I (we) agree that if any material, adverse change occurs in either such statement, I (we) will at once notify the bank. In the absence of any such notice or my filing of a more current statement, the bank, in granting or continuing credit, may continue to rely on such statements as accurately and fairly reflecting my (our) financial condition and income. In case I (we) fail to notify the bank, or either statement is or becomes materially and adversely inaccurate, the bank may declare immediately due and payable all my (our) obligations to it. I (we) fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the facts on this financial statement as applicable under the provisions of title 18, United States code section 1014. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained within.					
Date:		Signed:		Signed:	

SCHEDULE A: Cash, Checking, Savings, Certificates of Deposit				
Name of Depository	Type of Account	Maturity	In Whose Name	Amount
TOTAL				
SCHEDULE B: All Securities, Stocks, Bonds, Etc.				
Description	Number of Shares	Marketability	In Whose Name	Value
TOTAL				
SCHEDULE C: Life Insurance				
Name of Company	Insured	Beneficiary	Amount of Coverage	Cash Value
TOTAL				
SCHEDULE D: Receivables – All Accounts and Notes Owed to Me				
	Due From			Amount
0 – 30 days				
31 – 60 Days				
90 - Over				
TOTAL				
SCHEDULE E: Inventory				
				Value
TOTAL				
SCHEDULE F: Other Current Assets				
				Value
TOTAL				
SCHEDULE G: Retirement Accounts / Other Current Assets				
				Amount
TOTAL				

SCHEDULE H: Intermediate Assets

	Amount
TOTAL	

SCHEDULE K: Real Estate Owned (Include Contract Purchases)

Description	Location	In Whose Name	Date Acquired	Cost	Insurance	Value
TOTAL						

SCHEDULE L: Accounts Payable / Credit Cards

To Whom Owned	Purpose	Due Date & Payment Schedule	Interest Rate	Amount
TOTAL				

SCHEDULE M: Notes and Loans (Other than Real Estate)

To Whom Owned	Security	Due Date and Payment Schedule	Interest Rate	Amount
TOTAL				

SCHEDULE N: Real Estate Debt (Include Mortgages and Contracts)

To Whom Owned	Security	Due Date and Payment Schedule	Interest Rate	Amount
TOTAL				

SCHEDULE I & J: Vehicles & Equipment

[illegible]

TOTAL MACHINERY

Are Vehicles and Machinery Insured?

Name of Insurer:

I (we) am (are) the owner(s) of the personal property listed above and hereby agree said property, together with vehicles, machinery, and equipment Hereafter acquired, are secured to DeMotte State Bank for any sums now or hereafter owned to said bank, and this agreement is supplemental to and incorporated in all security agreements I (We) have given or will give to the bank. Furthermore I (we) hereby agree to name the DeMotte State Bank as "Loss Payable" on the above secured property held as a security interest by the DeMotte State Bank.

Date

Signature

Signature



DeMotte State Bank

CREDIT AUTHORIZATION

I hereby give my consent to have DeMotte State bank obtain information regarding my employment, checking, and/or saving account and all other credit matters. I authorize the release of my application and any information that may be needed in order to complete their report.

A copy of this authorization bearing a copy of the signature(s) of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original.

Borrower

Date

Co-Borrower