



TEXAN BANK

PERSONAL FINANCIAL STATEMENT

(If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, please include information as to yourself only. If you are applying for joint credit with your spouse, please include information regarding your spouse.)

STATEMENT OF FINANCIAL CONDITION AS OF _____

Name		Spouse (or other party)	
Address		Address	
City, State, Zip		City, State, Zip	
Social Sec. Number		Social Sec. Number	
Date of Birth		Date of Birth	
Driver's License (St & #)		Driver's License (St & #)	
Occupation/Position		Occupation/Position	
Business Name		Business Name	
Business Address		Business Address	
City, State, Zip		City, State, Zip	
Home Phone / Bus. Phone		Home Phone / Bus. Phone	

Please Asterisk (*) Those Assets That Are Separate Property and Indicate Ownership

ASSETS	Omit Cents	LIABILITIES & NET WORTH	Omit Cents
Cash (Schedule 1)	\$	Notes Payable to Texan Bank	
Marketable Securities (Schedule 2)	\$	Notes Payable to Other Bks.	
Non-Marketable Securities (Schedule 3)	\$	Other Notes Payable	
Accounts Receivable	\$	Mortgages Payable	
Notes Receivable (Schedule 4)	\$	Non-Homestead (Schedule 6)	\$
Cash Value of Life Ins. (Schedule 5)	\$	Homestead (Schedule 7)	\$
Real Estate	\$	Taxes Payable	
Non-Homestead (Schedule 6)	\$	Credit Cards Payable	
Homestead (Schedule 7)	\$	Other Liabilities (Itemize)	
Non-Real Estate Business Interests (Schedule 8)	\$		
Automobiles			
Personal Property Furniture, etc.			
Personal Property Jewelry			
Other Assets(Itemize)		Total Liabilities	\$
		Net Worth	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

SCHEDULE 1 CASH

Name of Institution	Account Name	Present Balance	Opening Date
TOTAL		\$	

SCHEDULE 2 MARKETABLE SECURITIES

No. Shares	Name of Security	Cost Basis Per Share	Mkt. Value Per Share	Total Value	Pledged Yes/No	Restricted Yes/No	Registered in Name Of
TOTAL				\$			

SCHEDULE 3 NON-MARKETABLE SECURITIES

No. Shares	Name of Security	Cost Basis Per Share	Mkt. Value Per Share	Total Value	Pledged Yes/No	Restricted Yes/No	Registered in Name Of
TOTAL				\$			

SCHEDULE 4 NOTES RECEIVABLE (INCLUDING REAL ESTATE NOTES)

Maker	Original Amount	Present Balance	Payments	Total Value	Collateral
TOTAL				\$	

SCHEDULE 5 LIFE INSURANCE

Company	Face Amount	Cash Surrender or Loan Value	Policy Loan (if any)	Pledged Yes/No	Beneficiary
TOTAL		\$			

SCHEDULE 6 NON-HOMESTEAD REAL ESTATE

Description & Year Acquired	Titled in Name Of & %Ownership	Market Value	Cost	Monthly Payment	Lienholder	Present Balance
TOTAL			\$	TOTAL		

SCHEDULE 7 - HOMESTEAD REAL ESTATE

Address & Year Acquired	Titled in Name Of	Market Value	Cost	Monthly Payment	Lienholder	Present Balance
TOTAL		\$			TOTAL	
						\$

SCHEDULE 8 NON REAL ESTATE BUSINESS INTEREST

Business Name	% Ownership	Cost	Market Value	Related Debt
TOTAL			\$	

SCHEDULE 9 NOTES PAYABLE

Due To	Original Amount	Present Balance	Payment	Maturity	Collateral, if any
TOTAL		\$			

CONTINGENT LIABILITIES

(A potential future liability, either known or estimated, conversion of which to a direct liability is dependent on a future event.)

As Endorser Or Co-Maker For:		As Guarantor For:	
On Leases or Contracts		Other Obligations	
Legal Claims			
Letters of Credit		TOTAL CONTINGENT LIABILITIES	

PERSONAL INFORMATION

- Do you have a will? If so, Name of Executor? _____
- Are you a partner or officer in any other venture? If so, describe: _____
- Are you delegated to pay alimony, child support or separate maintenance payments? If so, describe: _____
- Are any assets pledged other than as described on schedules? If so, describe: _____
- Income Tax settled through (Date) _____
- Are you a party to any suits or legal actions? If so, describe: _____
- Are there any unsatisfied judgements against you? If so, describe: _____
- Have you been declared bankrupt in the past 10 years? If so, describe: _____

PERSONAL CASH FLOW STATEMENT

MONTHLY INCOME

Salary
Commission
Bonus / Dividends
Real Estate
Other Sources of Cash
Other Sources of Cash
Alimony, Child Support, Separate Maintenance Income

*need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)

TOTAL MONTHLY INCOME \$

MONTHLY EXPENSES

Mortgage / Rent Payment
Utilities
Tellephone & Cable
Security
Food
Insurance
Car Payments
Gas
Life & Medical Insurance
Child Care
Credit Card(s)
Other
Other

TOTAL MONTHLY EXPENSES \$

CASH FLOW SURPLUS (DEFICIT) \$

Agreement: I (we) understand that the Bank is relying on the information provided in this statement to extend or continue to extend credit. I (we) warrant that the information provided is true, correct and complete. I (we) agree to notify you immediately and in writing of any change of name, address, employment and of any material change that adversely affects the information in the statement, the financial condition of the undersigned, or my (our) ability to fulfill my (our) obligations. You are authorized to make whatever inquiries are necessary to verify the information provided, including, but not limited to obtaining reports from credit reporting agencies. You are authorized to answer questions about your credit experience with me (us).

Signature & Date

Signature & Date