



PERSONAL FINANCIAL STATEMENT

SUBMIT TO: CHARLES BALLARD - charles@burguesa.com or FAX TO 214-744-4329

Section 1 – Individual Information (type or print):		Section 2 – Other Party Information (type or print):	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State, Zip		City, State, Zip	
Length of Employment		Length of Employment	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

Section 3 – Statement of Financial Condition as of _____ (date)			
ASSETS (Do not include assets of doubtful value)	IN DOLLARS (Omit Cents)	LIABILITIES	IN DOLLARS (Omit Cents)
Cash on hand		Notes payable to banks – See Schedule E	
Cash in banks		Note payable to other institutions – see Schedule E	
		Due to brokers	
U.S. Gov't & marketable securities – See Sched. A		Amounts payable to others - secured	
Non-marketable securities – See Schedule B		Amounts payable to others - unsecured	
Securities held by broker in margin accounts		Accounts and bills due	
Restricted, control, or margin account stocks		Unpaid income tax	
Real Estate Owned – See Schedule C		Other unpaid taxes and interest	
Accounts, loans, and notes receivable		Real estate mortgages payable – See Schedules C&E	
Automobiles		Other debts (car payments, credit cards, etc) – itemize	
Other personal property			
Cash surrender value – life insurance – See Sched.D			
Other assets – itemize – See Sched. F if applicable			
		Total Liabilities	
		Net worth	
Total Assets		Total liabilities and Net worth	

Section 4 – Annual Income For year ended _____		Expenditures Annual Monthly Weekly		Contingent Liabilities		Estimated Amounts
Salary, Bonuses & Commissions	_____	Mortgage /Rent payments	\$ _____	Do you have any contingent Liabilities (as endorser, co-maker or guarantor on leases or contracts?)	Y N	\$ _____
Dividends & Interest	_____	Real Estate taxes & Assessments	_____	Involvement in pending legal actions?	Y N	_____
Real Estate Income	_____	Insurance Payments	_____	Other special debt or circumstances?	Y N	_____
Other Income	_____	Other contact payments	_____	Contested income tax liens?	Y N	_____
(alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation).		(car payments, charge cards, etc.)		Have you ever filed bankruptcy?	Y N	_____
				If yes to any questions, please describe:		

Total Income	\$	Total Expenditures	\$	Total Contingent Liabilities		\$
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SCHEDULE A – U.S. GOVERNMENT AND MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are These Registered Pledged, or Held by others?	Market Value

SCHEDULE B – NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are these Registered, Pledged, or Held by others?	Market Value	Source of Value

SCHEDULE C – RESIDENCES AND OHTER REAL ESTATE (Partially or Wholly Owned)

Address and Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity
Residence(s)								
Residence(s)								
Other								
Other								

SCHEDULE D – LIFE INSURANCE CARRIED (including Group Insurance)

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Policy Loans	Cash Surrender Value

SCHEDULE E – BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Amount Owed

SCHEDULE F – BUSINESS VENTURES

Name and Address of Any Business Venture in Which You Are a Principal or Partner	Total Assets Listed In Section 3	Your % of Ownership	Position	Kind of Business	Years In Business

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worth of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date Signed _____

Signature (Individual) _____

Social Security Number _____

Date of Birth _____

Date Signed _____

Signature (Individual) _____

Social Security Number _____

Date of Birth _____