

PERSONAL FINANCIAL STATEMENT

LENDER:

The Missouri Bank
P. O. Box 400
104 N. Hwy. 47
Warrenton, MO 63383

- IMPORTANT: Read these directions before completing this Statement, and check () the appropriate box below.**
- ☐ 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, complete only Sections A and C.
- ☐ If you are applying for joint credit with another person, complete all Sections providing information in Section B about the joint applicant.
- ☐ If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section B about the person whose alimony, support, or maintenance payments or income or assets you are relying.
- ☐ If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections A and C.

AMOUNT REQUESTED \$	PAYMENT DATE DESIRED	PROCEEDS OF CREDIT TO BE USED FOR
SECTION A - INDIVIDUAL INFORMATION (Type or Print)		SECTION B - OTHER PARTY INFORMATION (Type or Print)
<input type="checkbox"/> Ind. <input type="checkbox"/> Part <input type="checkbox"/> Sing Prop. <input type="checkbox"/> DBA <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		<input type="checkbox"/> Ind. <input type="checkbox"/> Part <input type="checkbox"/> Sing Prop. <input type="checkbox"/> DBA <input type="checkbox"/> LLC <input type="checkbox"/> Other _____
Name		Name
Residence Address		Residence 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
Res. Phone	Bus. Phone	Res. PhoneBus. Phone
Name and Address of Nearest Relative (Not Living With)		Name and Address of Nearest Relative (Not Living With)

SECTION C - STATEMENT OF FINANCIAL CONDITION AS OF _____			
ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit cents)	LIABILITIES	In Dollars (Omit cents)
Cash on hand and in banks		Notes payable to banks - secured	
U.S. Gov't. & Marketable Securities-see Schedule A		Notes payable to banks - unsecured	
Non-Marketable Securities - see Schedule B		Due to brokers	
Securities held by broker in margin accounts		Amounts payable to others - secured	
Restricted or control stocks		Amounts payable to others - unsecured	
Partial interest in Real Estate Equities - see Schedule C		Accounts and bills due	
Real Estate Owned - see Schedule D		Unpaid income tax	
Loans Receivable		Other unpaid taxes and interest	
Automobiles and other personal property		Real estate mortgages payable - see Schedule D	
Cash value-life insurance - see Schedule E		Other debts - itemize	
Other assets - itemize			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIAB. AND NET WORTH	

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.

Alimony, child support, separate maintenance received under: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding

ANNUAL INCOME	PERSONAL INFORMATION
SOURCES OF INCOME FOR YEAR ENDED _____	PLEASE USE SEPARATE SHEET FOR ADDITIONAL DETAILS
Salary	Is any income listed likely to be reduced prior to loan being paid off <input type="checkbox"/> No
Bonuses & commissions	<input type="checkbox"/> Yes (Explain)
Dividends	Do you have a will? _____ if so, name of executor.
Real estate income	Are you a partner or officer in any other venture? If so, describe.
Other income	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe.
	Are any assets pledged other than described on schedules? If so, describe.
TOTAL	Income tax settled through (date)
CONTINGENT LIABILITIES	Are you a defendant in any suits or legal actions?
Do you have any contingent liabilities? If so, describe.	Personal bank accounts carried at:
	Savings Account No:
As endorser, co-maker or guarantor?	Checking Account No:
On leases or contracts?	Certificates of Deposit:
Legal claims	
Other special debt	Have you ever been declared bankrupt in the last 10 years?
Amount of contested income tax liens	<input type="checkbox"/> No
	<input type="checkbox"/> Yes (Explain:) Year?

SCHEDULE A - U. S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

Enter Sec. C Line 2

SCHEDULE B - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

Enter Sec C. Line 3

SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type Of Property	Title In Name Of	% Of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

Enter Sec. C Line 6

SCHEDULE D - REAL ESTATE OWNED

Address & Type Of Property	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

Enter Sec. C Line 7

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name Of Insurance Company	Owner Of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

Enter Sec. C Line 10

SCHEDULE F - RETIREMENT ACCOUNTS (IRA'S, 401K, ETC.)

Name of Financial Institution	Amount	Description

SCHEDULE G - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address Of Lender	Credit In The Name Of	Secured Or Unsecured?	Original Date	High Credit	Current Balance

SECTION D - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security: _____

and list names and addresses of all co-owners of the property:

Name

Address

If the security is real estate, give the full name of co-owner (if any): _____

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (Individual) _____

Signature (Individual) _____

S.S. No. _____ Date of Birth _____

S.S. No. _____ Date of Birth _____

Driver's License # _____

Driver's License # _____

Date Signed _____

Date Signed _____

CREDIT DENIAL NOTICE. If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact (Name, address, and telephone number of the person or office from which the statement of reasons can be obtained):
THE MISSOURI BANK

104 N HWY 47/P.O. BOX 400, WARRENTON, MO 63383

(636)456-3441

within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice that follows describes additional protections extended to you.

EQUAL CREDIT OPPORTUNITY NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

FEDERAL RESERVE CONSUMER HELP CENTER

P. O. BOX 1200

MINNEAPOLIS, MINNESOTA 55480