

Taylor Mercantile LLC
PERSONAL FINANCIAL STATEMENT

Individual
Joint

Date: _____

Name:	Spouse:
Social Security:	Social Security:
Date of Birth:	Date of Birth:
Daytime Phone:	Evening Phone:
Cell Phone:	Total Number of Dependents:
Street Address: _____	
City: _____ State: _____ Zip: _____	
Previous Address: _____	
City: _____ State: _____ Zip: _____	

ASSETS	VALUE
Cash in Bank (Sched. F):	\$
Cash in Bank (Sched. F):	
Notes/Accounts Receivables (Sched. A):	
Stocks & Bonds – Listed (Sched. B):	
Cash Value Life Insurance (Sched. C):	
Other:	
TOTAL CURRENT ASSETS:	\$
Total Real Estate (Sched. D):	
Stocks & Bonds – Unlisted (Sched. B)	
Automobiles:	
Personal Property:	
Other:	
TOTAL ASSETS:	\$

LIABILITIES	BALANCE OWED
Notes Payable (Sched. E):	\$
Notes Payable (Sched. E):	
Accounts Payable:	
Other Installments:	
Other:	
Other:	
TOTAL CURRENT LIABILITIES:	
Real Estate Loans (Sched. D):	
Rent/Lease:	
Other:	
TOTAL LIABILITIES:	\$
Net Worth (Total Assets minus Total Liabilities):	\$
TOTAL LIABILITIES & NET WORTH:	\$

ANNUAL INCOME	
Gross Salary:	\$
Spouse's Salary:	
Gross Annual Rental Income:	
Other Income:	
TOTAL INCOME:	\$

ANNUAL EXPENDITURES	
Real Estate Payments (Sched. D):	
Rent/Lease:	
Income Taxes:	
Property Taxes:	
Alimony, Child Support or Separate Maintenance:	
Total Notes Payable (Sched. E):	
Other:	
TOTAL EXPENDITURES:	\$

By signing below, you certify that the statements above, on the reverse and any attachment(s) are true and complete as of the date given. You authorize The Commercial Finance Group and its affiliates to verify or check any of the information given, check your credit references, verify employment and obtain credit reports (including your spouse, if you are married and living in a community property state).

Signature: _____ Date: _____

Spouse: _____ Date: _____

SCHEDULE A		NOTES & CONTRACTS RECEIVABLE			
Maker	Security	Maturity	Mo. Payment	Amount	

SCHEDULE B		STOCKS & BONDS					
No. of Shares or Par Value	Name of Issue	Listed	Unlisted	No. of Shares or Par Value Bonds	Name of Issue	Listed	Unlisted

SCHEDULE C		LIFE INSURANCE POLICIES				
Name of Company	Face Amount	Name of Insured	Cash Value	Accum. Dividends	Policy Loans	To Whom Assigned
	\$		\$	\$	\$	

SCHEDULE D		REAL ESTATE						
Description, Street No. & Location	Title to Property in Name of	Original Cost	Present Valuation		Mortgages or Liens			Lien Holder
			Land	Improvements	Mo. Pmt.	Int. Rate	Amount	
		\$	\$	\$	\$	%	\$	

SCHEDULE E		NOTES & CONTRACTS PAYABLE				
To Whom Payable	Security	Maturity	Int. Rate	Mo. Payment	Amount	
			%	\$	\$	

SCHEDULE F		ACCOUNT INFORMATION	
Name of Financial Institution	Account Number	Balance	
		\$	

Have you ever filed Bankruptcy? Yes No Do you have any lawsuits or judgments pending against you or your spouse? Yes No

Explain: _____
