PERSONAL FINANCIAL STATEMENT

(Do not use as a business statement)

_____ City ______ State _____ Zip Code _____

Social Sec. No. ______Home ___

TO: PALM BEACH TAN FRANCHISING

Name ___

Address_

Financial Statement as of

Tele. No.

_ Bus. _____

E-	mail address				Cell Phone #	Cell Phone # Fax #time, the undersigned submit(s) the foregoing and following statement and information contained on both sides of									
this s TO N state	he purpose of procuring credit, in any forr sheet both written and printed and includir NOTIFY YOU IMMEDIATELY IN WRITING ment, this may be considered as a contine and effect as an original statement of my	ng supple G OF AN' uing state	mental statem Y MATERIALI ement and sub	nents as be Y UNFAV ostantially (eing a full, true, and ORABLE CHANGI correct; and it is he	d correct statement of E IN MY FINANCIAL ereby expressly agree	my financial condition on th CONDITION and in the abs	e date stated. T ence of such no	HE UNI tice, or	DERSIGNED AGREE(S) of a new and full written					
	ployed by or cupation:					Position Held:				Years on job:					
`					RIED θ	UNMARRIED θ	(Includes Single, Divorced, an	d Widowed)		SEPARATED ()					
	HER NAME UNDER WHICH CREDIT S BEEN GRANTED:						Age	of dependent chi	dren:						
liabil	Are you relying on community propert spouse's wages are normally community are you relying on your spouse's incoorage and are you relying on the receipt of alimous answered "Yes" to one or more of the lities of your spouse in addition to your stapplicant name.	nity prope me to sh ony, child e above,	erty.) ow your cred support or m fill out the sp	it worthine	ess?	now your credit worth	niness?		• • • • –	Yes No					
OTI	HER NAME UNDER WHICH CO-APPLICANT HAS BEE	EN GRANTE	D CREDIT		CO-APPLICANT EM	PLOYER			GROSS MONTHLY SALARY						
SO	SOCIAL SEC. NO. DATE OF BIRTH				POSITION HELD			YRS. ON JOB:							
	ASSETS	•	CURRENT \	/ΔΙΙΙΕ	•	LIABILITIES		BALANCE OW	ING	MONTHLY PAYMENTS					
F	CASH IN BANKS		WHOLE DOL		CREDIT CARDS & LINE	S OF CREDIT (TO WHOM)		WHOLE DOLLARS WHOLE DOLLARS							
I	STOCKS & BONDS (SCHEDULE A)		,				LIMIT \$								
N A	IDAWED OUT OF THE STATE OF THE						LIMIT \$								
N	IRA/KEOGH/401 K						LIMIT \$								
C	PROFIT SHARING/PENSIONS			1	NOTES PAYABLE		LIMIT 9								
Α	%	6 VESTED													
L															
S	REAL ESTATE OWNED (SCHEDULE B)			4	AUTO LOANS (TO WHO	M)									
T A															
T E	CONTRACTS OR MORTGAGES OWNED (SCHEDU	JLE C)		1	BOATS/RV LOANS (TO	WHOM)									
М	AUTOMOBILES (YEAR/MAKE)				DEAL ESTATE MODIC	ACEC /EDOM COLLEDULE F									
E	AUTUMUBILES (YEAR/MARE)				REAL ESTATE MURTGA	AGES (FROM SCHEDULE B)								
N T				1	OWING ON REAL ESTA	TE CONTRACTS (FROM SO	CHEDULE C)								
	LIFE INSURANCE POLICIES (SCHEDULE D)		1	LOANS AGAINST LIFE I	NSURANCE (FROM SCHEE	DULE D)									
	OTHER ACCETS (DECORDE)			OTHER LOANIC & RAVA	MENTS (TO MILION)										
	OTHER ASSETS (DESCRIBE)				OTHER LOANS & PAYN	IENTS (TO WHOW)									
						то	TAL LOAN PAYMENTS	xxxxxx	хх	\$					
						TOTAL LIABILITIES	\$		xxxxxxx						
	TOTAL A	\$			(Net worth equals to		\$ XXXX		xxxxxxx						
	edules A, B, C, and D on reverse									_					
	are not required to disclose other inco ther you should be granted credit.	me from	alimony, chil	d support	or maintenance	payments. However	if this income is not discle	osed, it will not	be cor	nsidered in determining					
	GROSS ANNUAL SALARY			INCOME	TAX (PAID or O	WING Last Yr)								
	Bonus Commission	-													
	Dividends Real Estate Income														
	Other Income (Explain)	-	-												
тс	OTAL ANNUAL INCOME		i			00-61	9 (11/03)								

SCHEDULE A:				STOC										
No. Shares or Par Value	DESCRIPTION		Value Per Sh.		arket e	No. Shares or Par Value		DESCRIPTION			NC	Value Per Sh.		Fotal Market Value
									TOTAL	VAL	.UES			
SCHEDULE B:			C	THER	REAL	. EST	ATE OW	/NED)					
LEGAL DESCRIPTION OR ADDRESS			COST		KET LUE	MORTGAGE OR LIEN		MONTHLY PAYMENT			MORTO HOLD			MONTHLY INCOME
RESIDENCE:				\$		\$		\$					\$	
Year Purchased _													-	
OTHER R/E:													╂	
													1	
	TOTALS													
SCHEDULE C:			CON	TRACTS	OR	MOR ⁻	TGAGE:	s ow	/NED				-	
LOCATION - (TYPE OF PROPERTY)			MONTH INCOM		ORIGII BALAN	GINAL PRES					MONTHLY PAYMENT		OWED	то
									, , , , , , , , , , , , , , , , , , ,					
	TOTALS													
SCHEDULE D:				LIFE I	NSUF	RANC	E POLIC	CIES						
NAME OF IN	E INSURA	NSURANCE COMPANY			AMOUNT OF POLICY		CASH L VALUE		LOA	ANS AGAINST POLICY	В	ENEFIC	CIARY	
					+									

LIST ALL CONTINGENT LIABILITIES, INCLUDING GUARANTIES, ENDORSEMENTS, CLAIMS, SUITS.

Signature ______ Co-Applicant's Signature _____

Date Signed _____ Witnessed by _____

IMPORTANT: Submit on an attached sheet any explanation necessary for a clear understanding of the foregoing statement, particularly if you are contingently liable as an endorser, guarantor or co-maker; or if there are any unsatisfied legal claims against you; or if you are a partner or officer in any other venture; and if any assets listed on this statement are not community property or held in joint tenancy.