



PERSONAL FINANCIAL STATEMENT

Section 1 - Individual Information (type or print)		Section 2 - Other Party Information (type or print)	
Name:		Name:	
Date of Birth:		Date of Birth:	
Address:		Address:	
City, State, & Zip:		City, State, & Zip:	
Social Security Number:		Social Security Number:	
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:

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with BRM Advisors and its affiliates, for claims and demands against the undersigned, the undersigned submits the following as being a true and accurate statement of the financial condition of the undersigned, as of the stated date, and agrees that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against him/her, the undersigned will immediately and without delay notify the Broker, and unless the Broker is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned.

Section 3 - Statement of Financial Condition as of _____ 20 _____			
Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Cash on hand and in this bank	\$	Notes payable to banks - see Schedule E	\$
Cash in other banks	\$	Notes payable to other institutions - see Schedule E	\$
U.S. Gov't & Marketable Securities - see Schedule A	\$	Due to brokers	\$
Non - Marketable Securities - see Schedule B	\$	Amounts payable to others - secured	\$
Securities held by broker in margin accounts	\$	Amounts payable to others - unsecured	\$
Restricted, control, or margin account stocks	\$	Accounts and bills due	\$
Real Estate Owned - see Schedule C	\$	Unpaid income tax	\$
Accounts, loans, & notes receivable	\$	Other unpaid taxes & interest	\$
Automobiles	\$	Real estate mortgages payable - see Schedules C & E	\$
Other Personal Property	\$	Other debts (car payments, credit cards, etc.) - itemize	\$
Cash surrender value-life insurance - see Schedule D	\$		\$
Retirement Accounts	\$		\$
Other assets - itemize - see Schedule F if applicable	\$	Total Liabilities	\$
	\$	Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

Section 4 - Annual Income					Estimated Amounts
For Year Ended _____ 20 _____		Annual Expenditures		Contingent Liabilities	
Salary, bonuses & commissions	\$ _____	Mortgage/rental payments	\$ _____	Do you have any...	
Dividends & Interest	\$ _____	Real Estate taxes & assessments	\$ _____	Yes	No
Real estate income	\$ _____	Taxes - federal, state & local	\$ _____	Contingent liabilities (as endorser, co-maker or guarantor? On leases? On Contracts?)	\$ _____
Other income (alimony, child support, or separate maintenance income does not have to be revealed if you do not wish to have it considered as a basis for repaying this obligation)	\$ _____	Insurance payments	\$ _____	Involvement in pending legal actions?	\$ _____
		Other contract payments (car payments, charge cards, etc.)	\$ _____	Other special debt or circumstances?	\$ _____
		Alimony, child support, maintenance	\$ _____	Contested Income Tax liens?	\$ _____
		Other expenses	\$ _____	If "yes" to any question(s) describe:	
Total Income	\$ _____	Total Expenditures	\$ _____	Total Contingent Liabilities	\$ _____

SCHEDULE A - U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	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?	Value	Source of Value

SCHEDULE C - RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address & Type of Property	Title in Name Of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity

SCHEDULE D - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

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

SCHEDULE E - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

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

SCHEDULE F - BUSINESS VENTURES

List Name & Address of Any Business Venture in Which You Are a Principal or Partner	Total Assets Listed In Section 3	Your % of Ownership	Your Position/Title in the Business	Total Assets of Business	Line of Business	Years in Business

If the answer to any question from 1 - 9 is "Yes," please explain in detail on an attached sheet.

1. Have you any outstanding judgements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Are any assets pledged other than real estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you or any entities affiliated with you ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Are you a partner in any other joint venture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you had property foreclosed upon or given title or deed in lieu thereof?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Do you own 50% or more of the stock in any corporation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you a co - maker or endorser of a note?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Income tax settled through (date):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you a party in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Do you have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have reason to believe legal action is pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, name of executor:		

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION PROVIDED ON THESE TWO PAGES HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT.

The undersigned authorizes BRM Advisors ("the broker") to investigate all matters deemed material to this credit, including any credit information obtained from credit bureaus and National Check Protection Services about the individuals, companies or any other entities which the Broker considers necessary to evaluate the Borrower's credit worthiness. The undersigned also authorizes the Broker to disclose any information which relates to any credit extended by the Broker.

Signature _____

Date Signed _____

Signature _____

Date Signed _____