FPB

Florida Parishes Bank

Post Office Box 99 • Hammond, LA 70404

Print

CONFIDENTIAL

FINANCIAL STATEMENT

Name _____ Business Phone # _____

Address _____ Residence Phone # _____

For the purpose of causing you to grant credit to me/us from time to time, either directly or indirectly, or to persons, firms, or corporations for whom I/we may be an endorser or guarantor, I/we submit the following statement of my/our financial condition of (Date) _____

I/we agree that if any change occurs which materially reduces my/our means or ability to pay obligations I/we will give you promptly written notification unless I/we am not indebted to you in any way at the time of such change. So long as I/we am indebted to you, or whenever I/we apply for credit, either directly or indirectly you may rely upon this statement as a continuing statement of my/our financial standing until you are given written notification of such a change.

The funds applied for hereby are to be used for a:

CHECK ONE: ☐ PERSONAL PURPOSE ☐ BUSINESS PURPOSE

ASSETS	INDIVIDUAL		JOINT	
Cash on hand & in banks (checking)				
CD's & Savings				
U.S. Govt. securities-see schedule A				
Listed securities - see schedule A				
Unlisted securities - see schedule B				
Accounts and notes receivable				
-good				
-doubtful				
Real estate owned-see schedule D				
Automobiles				
Personal Property				
Investment in own business*				
Other assets - itemize				
Total Assets				

LIABILITIES	INDIVIDUAL		JOINT	
Notes Pay'l (See Schedule E)				
Banks - secured				
Banks - unsecured				
Chattel Mtgs, Liens				
Others				
Accounts and bills due				
Due to brokers				
Unpaid income taxes				
Mortgages payable on real estate				
-see schedule D				
Loans on life ins. policies				
Other debts - itemize				
Total Liabilities				
Net Worth				
Total Liabilities and Net Worth				

SOURCE OF INCOME

Alimony, child support or maintenance income need not revealed if you do not wish it to be considered as a basis for repaying this obligation.

Salary				
Bonus and/or commissions				
Dividends and/or bond interest				
Real estate income (Net)				
Other income - itemize				
TOTAL				

PERSONAL INFORMATION

_____

Business or occupation

_____

Partner or officer in any other venture?

Age_____ No. Dependents_____ Ages _____

Do you have a will? _____ Name of executor _____

Do not answer the following question if you are applying for separate unsecured credit.

Married ☐ Separated ☐ Unmarried ☐

CONTINGENT LIABILITIES	INDIVIDUAL		JOINT	
As endorser, comaker or guarantor*				
On leases or contracts*				
Letters of credit				
Are you liable for any				
unsatisfied judgements?*				
Other special debt*				

GENERAL INFORMATION

Social Security Number_____

Are you defendant in any suits or legal actions?

_____

Personal bank accounts carried at _____

_____

Have you ever taken bankruptcy? Explain: _____

_____

LIST OF BANKS AND FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

NAME	HIGH CREDIT	TYPE OF LOAN

*REMARKS: Please use the following space for any comments or explanations you wish to make.

(PLEASE COMPLETE SCHEDULES ON REVERSE SIDE)

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(Schedule A) U.S. GOVERNMENT SECURITIES, LISTED STOCKS AND BONDS

AMT. OR # OF SHARES	DESCRIPTION, INCLUDING MATURITIES	MARKET VALUE
	TOTAL	

(Schedule B) UNLISTED SECURITIES

AMT. OR # OF SHARES	DESCRIPTION, INCLUDING MATURITIES	MARKET VALUE
	TOTAL	

(Schedule C) LIFE INSURANCE

INSURED	BENEFICIARY	NAME OF COMPANY	FACE AMOUNT	CASH VALUE	LOANS
		TOTAL			

(Schedule D) LAND AND BUILDINGS

Date Purchased	Cost	Market Value	Mortgage Bal.	Title in Name of	Description and Location	Mortgagor
TOTALS						

(Schedule E) NOTES AND ACCOUNTS PAYABLE

TO WHOM PAYABLE	Date of Note	Original Amt.	Balance Due	Amt. of Payment	Assets Pldg./Sec.

The foregoing financial statement and explanations have been fairly and correctly presented according to the best of my/our knowledge and belief. The undersigned understand that you may wish to verify or investigate the undersigned parties credit & expressly authorize any verification or investigation that you deem necessary.

Date Signed _____ **Signature** _____

Date signed_____ **Signature** _____