

Submitted to: Mercury Capital
Statement of Financial Condition as of : _____

INDIVIDUAL APPLICANT INFORMATION				CO-APPLICANT INFORMATION (use separate sheet if necessary)			
Name				Name			
Residence Address				Residence Address			
City, State & Zip				City, State & Zip			
Business Name				Business Name			
Position of Occupation				Position of Occupation			
Business Address				Business Address			
City, State & Zip				City, State & Zip			
Res. Phone		Bus. Phone		Res. Phone		Bus. Phone	
SS#		D.O.B.		SS#		D.O.B.	

IMPORTANT: If assets or liabilities are owned or owed jointly with co-applicant or with someone other than co-applicant, indicate how the asset is titled and how much you owe or own in the appropriate schedules.

EVEN DOLLARS				EVEN DOLLARS			
ASSETS	APPL.	CO-APPL	JOINT	LIABILITIES AND NET WORTH	APPL.	CO-APPL	JOINT
Cash in Institutions - Schedule A	\$	\$	\$	Notes Payable this Bank - Schedule A	\$	\$	\$
U.S. Government Securities - Schedule B				Notes Payable other Institutions - Schedule A			
Securities Held by You - Schedule B				Notes Payable Others			
Other Equity Interest - Schedule B				Due on Margin Accounts - Schedule B			
Accounts and Notes Receivable				Credit Cards and Other Bills			
Real Estate Owned - Schedule C				Unpaid Taxes			
Partnership Interests - Schedule D				Mortgage Loans - Schedule C or D			
Automobiles				Land Contracts - Schedule C or D			
Cash Value Life Insurance - Schedule E				Life Insurance Loans - Schedule E			
IRAs and 401-Ks				Other Liabilities - Itemize			
Other Vested Retirement Accounts							
Other Assets - Itemize							
				TOTAL LIABILITIES			
				NET WORTH (Assets less Liabilities)			
TOTAL ASSETS	\$	\$	\$	TOTAL LIABILITIES & NET WORTH	\$	\$	\$

SOURCES OF INCOME	APPL.	CO- APPL	TOTAL	GENERAL INFORMATION
Salary	\$	\$	\$	Partner, officer, or owner in any other venture? (If yes please explain)
Bonus and Commissions				_____
Dividends/Interest				_____ Phone no. _____
Real Estate Income				Income Taxes filed and paid through (date) _____
*Other Income-Itemize				Are you a Defendant in any Suits or Legal Action? (If yes, please explain)

TOTAL	\$	\$	\$	

*Alimony, Child Support or Separate Maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, please indicate if payments received under Court Order, A32Written Agreement, or Oral Understa: _____

Have you ever declared bankruptcy? (If yes, please explain)	_____
Do you have disability insurance?	_____
If yes, monthly distribution is _____	_____
Number of years covered is _____	_____
Do you have a will?	_____
If yes, Executor is _____	_____
Do you have a Trust?	_____
If yes, Trustee is _____	_____
Number and age of Dependents _____	_____

CONTINGENT LIABILITIES	ESTIMATED AMOUNTS
Do you have any (If yes, please fill in amount) ...	_____
Contingent liabilities (as endorser, co-maker or guarantor?... on leases? on contracts?)* _____	_____
Pending legal claims? _____	_____
Outstanding letters of credit or other special debt or circumstances?*	_____
Income Tax Liens? _____	_____
If yes to any question(s), please describe:	_____
_____	_____
_____	_____

*Describe on form 2560

(USE SEPARATE SHEET IF NECESSARY)