



The James Polk Stone Community Bank

"ROCK SOLID AND HOME OWNED SINCE 1906"

IN GOD WE TRUST

FINANCIAL CONDITION AS OF _____ 20_____

NAME		HOME ADDRESS		PRIMARY PHONE NO.	BUSINESS PHONE NO.
NAME OF EMPLOYER		ADDRESS	YEARS	SOCIAL SECURITY NUMBER	CO-APPLICANT
CO-APPLICANT EMPLOYER		ADDRESS	YEARS	SOCIAL SECURITY NUMBER	CO-APPLICANT PHONE NO.

ASSETS

LIABILITIES

CASH	In JP Stone Community Bank		Notes: Payable To JP Stone Community Bank (Schedule 4)	Secured	
	In Other Banks			Unsecured	
Securities (Schedule 1)	Marketable		Notes Payable To: Other Banks (Schedule 4)	Secured	
	Non-Marketable			Unsecured	
	Restricted or Control Stock			Accounts or Notes Payable (Schedule 4)	
Accounts Receivable (Schedule 2)			Taxes Owing	Income Taxes	
Notes Receivable (Schedule 2)				Other Taxes	
Merchandise on Hand			Current Portion of Long Term Debt		
Cash Value of Life Insurance - Net			Other Current Liabilities (Itemize)		
TOTAL CURRENT ASSETS			TOTAL CURRENT LIABILITIES		
Real Estate (Schedule 3)	Real Estate		Mortgages Payable (Schedule 3)	Real Estate	
	Homestead			Homestead	
	Partial Interest in R/E			Partial Interest in R/E	
Automobiles - Number ()			OTHER LIABILITIES (Itemize)		
Other Assets			TOTAL LIABILITIES		
			Net Worth		
TOTAL ASSETS			TOTAL LIABILITIES AND NET WORTH		

Salary - Applicant		Are Any Assets other than Real Estate and Securities pledged? If Yes, Please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions and Bonuses		Do you have any Contingent Liabilities? If so explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dividends and Interest		Have you executed a will disposing of your Estate in event of death? Executor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate Income		Amount of Life Insurance Carried	In Favor of
Child Support and Separate Maintenance Payments are optional and need not be disclosed for purpose of this credit			
TOTAL INCOME			
Amount of Income Tax paid last year.		Co-Applicant Salary Commissions, Bonuses and Interest Total Income	

The above financial and supporting schedules, which are submitted for the purpose of establishing, obtaining and maintaining credit, present a true, complete and correct statement of my financial condition as of the date shown. I agree to notify the bank of any material adverse change in my financial condition; and to furnish current financial information upon request by the bank from time to time. Such financial statement and other information furnished shall be the property of the bank. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender.

I (we) agree to provide current financial information as required by the James Polk Stone Community Bank. Should I (we) fail to provide requested financial information in a timely manner the Bank has the option to demand payment of note (notes) upon ten (10) days written notification of said demand.

Applicant _____ Co-Applicant _____

SCHEDULE 1 - STOCKS AND BONDS

NUMBER OF SHARES	NAME OF ISSUER	WHERE TRADED	MARKET PER SHARE	TOTAL VALUE	PLEGDED? YES OR NO	RESTRICTED* YES OR NO	REGISTERED IN NAME OF

* RESTRICTED SECURITIES MEANING RESTRICTIONS IMPOSED BY LETTER, LEGEND, OR CONTROL.

SCHEDULE 2 - NOTES AND ACCOUNTS RECEIVABLE (INCLUDING REAL ESTATE)

MAKER	ORIGINAL AMOUNT	PRESENT BALANCE	PAYMENTS	MATURITY	COLLATERAL, IF ANY

SCHEDULE 3 - REAL ESTATE OWNED

ITEM NO	LOCATION, SIZE AND IMPROVEMENTS	MARKET VALUE	COST	YEAR ACQUIRED	MONTHLY INCOME	MONTHLY PAYMENT	LIEN HOLDER	ORIGINAL AMOUNT	PRESENT BALANCE
1									
2									
3									
4									
5									
6									
7									
	CARRY TOTALS TO PAGE 1								
	HOMESTEAD								
8									

UNDIVIDED INTERESTS IN REAL ESTATE (YOUR % ONLY - INDICATE % OWNERSHIP IN DESCRIPTION)

ITEM NO	DESCRIPTION	MARKET VALUE	COST	YEAR ACQUIRED	MONTHLY INCOME	MONTHLY PAYMENT	LIEN HOLDER	ORIGINAL AMOUNT	PRESENT BALANCE
9									
10									
11									
12									
13									
	YOUR % OF MARKET VALUE AND DEBT (TO PAGE 1)								

INSURANCE CARRIED ON BUILDINGS \$ _____

SCHEDULE 4 - NOTES AND ACCOUNTS PAYABLE

DUE TO	ORIGINAL AMOUNT	PRESENT BALANCE	PAYMENTS	MATURITY	COLLATERAL, IF ANY

ARE YOU A PARTNER OR OFFICER IN ANY OTHER VENTURE? _____	GENERAL INFORMATION	ARE ANY OF THE ASSETS INCLUDED ON THIS STATEMENT THE SEPARATE PROPERTY OF YOUR SPOUSE? _____
ARE YOU A DEFENDANT IN ANY SUIT OR LEGAL ACTION? _____		IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE EXPLAIN _____
	HAVE YOU EVER TAKEN BANKRUPTCY? _____	