Inter National Bank

Personal Financial Statement as of: _____

Personal Information	
Name:	
Date of Birth:	
Social Security number:	
Home Address:	
City, State, Zip:	
Home Telephone:	
Mobile Number:	
Name of Spouse (If married, see note 1)	

Employment Information	
Place of Employment:	
Position:	
Years empoyed:	
Business Address:	
City, State, Zip:	
Telephone:	
Cell phone:	
E-Mail Address:	

Balance Sheet

Assets			Liabilities		
Cash	Inter National Bank (Sch.1)	0	Credit Card Balance		
	Other Banks (Sch.2)	0	N/P to Banks	Inter National Bank (8)	0
Listed Stock (3)		0		Other Notes Payable(9)	0
Cash Value of Life Insurance (6)		0	Accounts Payable		
Notes & Accounts Recievable (5)		0	Taxes Payable	Income Taxes	
IRA / 401K / Keogh(7)		0		Real Estate Taxes	
Not Publicly Traded (4)		0	Mortgages Payable (10)	Personal Residence	0
Real Estate (9)	Personal Residence	0		Other Real Estate	0
	Other	0	Oil & Gas Related Debt (11)		0
Oil & Gas Interests(10)		0	Other Liabilites		
Investments in Closely Held Entities		0			
Personal Property		0			
Automobiles		0			
Other Assets		0			
				Total Liabilities	0
	Total Assets	0		Net worth	0

Income / Expense Information

Sources of Cash:	Last year	This year	Projected Next	Uses Of Cash:	Last year	This year	Projected Next
Salary & Wages				Income Taxes & FICA			
Commissions, Bonuses, Etc.				Other Payroll Deduction			
Interest & Dividends				Living Expenses			
Rental Income				Rental Expense			
Oil & Gas Rev. After Op. Ex.				Oil/Gas Cap Expend			
Other Business income				Other Business exp.			
Other				Other			
Subtotal	0	0	0	Subtotal	0	0	0
Commissions				Rec/Sched. Pymts			
Sale of Assets				Other Interest			
Tax Refund				Other Principal			
Other				Contingent Liab.			
				Total Cash uses	0	0	0
Total Cash Sources	0	0	0	Net Cash Flow	0	0	0

The above financial and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial conditions as of the date shown. I understand that misrepresenting information on this statement is a criminal offence under federal law punishable by a fine and/or imprisonment. I will notify you in writing of any material unfavorable changes in my financial condition. In the absence of such notice, you may concider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me. It is understood that the information provided herein may be shared with any subsidery or affiliate.

Witness: _____ Date: _____ Signature: _____ Date: _____

Schedule 1-Deposit Accounts at INB					
Style & Account	Name & Location Where Held	Balance	Type of Account	Account Number	Restricted Yes or No?
		0			

Schedule 2-Deposit Accounts at Other Institutions					
Style & Account	Name & Location Where Held	Balance	Type of Account	Account Number	Restricted Yes or No?
		0			

Schedule 3-Marketable Stocks and Bonds							
Name of Issuer	Where Traded	Shares of Par	Market Per Share	Market Value	Cost	Pledged Yes or No?	Registered in the name of
				0			

Schedule 4- Non-Marketable Stocks and Bonds								
Name of Issuer	Where Traded	Shares of Par	Share	Value	Cost	Yes or No?	Yes or No?	Registered in the name of
				0				

Schedule 5-Notes Receivable							
Due from	Original Amount	Present Balance	Rate	Maturity	Payment Terms	Collectable Yes or No	Collateral
		0					

Schedule 6-Life Insurance and Annuities (Including employer provided)							
Company	Face Amount	Beneficiary	Cash Value	Policy Loan	Net Cash Value	Insursed	Pledged Yes or No
					0		

Schedule 7-Deferred Compensation & Retirement Plans							
Trustee Or Plan Administation	Type of Account	Beneficiary	Balance/ Value	Plan Loan	Net Plan Value	In Name of	Access Date

*Includes I.R.A accounts, Keogh, 401 (K), fully vested benefit plans 0

Schedule 8-Notes Payable-INB (Exclude mortgages listed in Schedules 10&11)							
Due To	Original Amount	Present Balance	Rate	Maturity	Payment terms	Current Yes or No	Collateral
		0					

Schedule 9-Notes Payable Non-INB (Exclude mortgages listed in Schedules 10&11)							
Due To	Original Amount	Present Balance	Rate	Maturity	Payment terms	Current Yes or No	Collateral
		0					

Schedule 10- Real Estate Owned (Including partnership Interest)

Location, Size, Improvements	Year Acquired	Cost & Improvements	Market Value	Related Debt (Mark * by amount if not personally Liable					Annual Payment	Taxes Current
				Present Balance	Lien Holder	Maturity	Rate	Monthly Payment		
Please use row below for Homestead										
Below other wholly owned Real Estate:										
			0	0						

Partial Ownership In Real Estate:	**%**									
			0	0						

*Regarding Schedule 7 & 8, if the amount of Dept. which can be legally enforced against you exceeds your % ownership, please detail in schedule 9

Schedule 11-Oil & Gas Interest (Including partnership interests)

Locations discription, Type of Interest and Source of Valuation	%	Year Acquired	Date of Valuation	Present Valuation	Present Balance					Net Operating Revenue	Taxes Current Yes or
					Present Balance	Lien Holder	Maturity	Rate	Annual Payments		
*Net operating revenue after operating expenses				0	0				0	0	

Please review the section provided below of types of liabilities and include it in the appropriate detail space.

1. As Guarantor
2. On Leases or Contracts
3. Legal Claims or Judgements
4. Income Tax claim or Dispute Amount
5. Standby Letter of Credit
6. Liability in Excess of % in partially owned assets
7. Tax liability if assets sold at stated values
8. Other

Type # (Key listed above)	Name of Party Receiving Benefit	Obligation amount, timing, or payment	Explanation: Include whether you anticipate having to homor this liability	Maturity or expiration Date

Business which I am a partner, officer, principal owner, Etc.	Nature of Business	Business Bank and Account

I understand that the following questions are addressed to me and I have answered them as appropriate.

1. Are any of the assets held in trust, in an estate or in any other name or capacity? ____Yes ____No
2. Were any of the Assets (i) oened or claimed by your spouse before marriage; or (ii) acquired by your spouse during marriage by gift or inheritances; or (iii) recovered for personal injuries sustained by your spouse during marriage; or (iv) acquired from the proceeds of liquidation of any of the preceding? ____Yes ____No
3. Are any of your real estate properties used by you in your business? ____Yes ____No
4. Do any of your Assets secure any debts which have not been reported in the preceding schedules? ____Yes ____No
5. Are a party to any suit or are they any unsatisfied judgements against you? ____Yes ____No
6. Have you been through bankruptcy or made an assignmnet for benefit of creditors? ____Yes ____No

I have explained fuller under "Additional Remarks" on this page my "yes" answers to the foregoing questions.

7. I have made a will _____Yes _____No If the answer is yes, the exector of the will is: _____

Additional Remarks