



Address **50 First Ave. Atlantic Highlands, N.J. 07716**

Phone **(732) 888-5000** Fax **(732) 888-4646**

The Undersigned as Indemnitor submits the following Financial Statement

Note: This form is to be used for Personal Financial Statements only. NOT TO BE USED FOR BUSINESS STATEMENTS.

Personal financial statement of

Name _____ S.S. No. _____

Address _____

Home Phone No. _____ Bus Phone No. _____ Name of Wife/Husband _____ AS OF (Date) _____

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)		Notes Payable to (names & addresses):	
Cash in following banks (names & addresses):			
		Sales Contracts & Chattel Mtgs. (Schedule 6)	
Stocks and bonds (Schedule 1)			
Accounts receivable (Schedule 2)		Accounts payable	
Notes receivable (Schedule 3)			
Other current assets (itemize):		Current portion of long term debt	
		Other current liabilities (Schedule 6)	
		Current Year's Income Taxes Unpaid	
		Prior Year's Income Taxed Unpaid	
		Real Estate Taxes Unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES	
Real Estate (Schedule 4):		Real Estate Debt (Schedule 4):	
Residence		Residence	
Other		Other	
Cash Value of Life Insurance (Schedule 5)		Borrowed on Life Insurance (Schedule 5)	
Other Assets & Investments (Schedule 6)		Other Long Term Debt (Schedule 6)	
		TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES

FOR ENDORSEMENTS OR GUARANTEES \$

FOR OTHER PURPOSES \$

GIVE DETAILS



STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
TOTALS				\$	\$

ACCOUNTS RECEIVABLE

Name & Address (street & city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

NOTES RECEIVABLE

Name & Address (street & city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL		\$	\$	\$	\$	\$	\$

LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

SCHEDULE 6 DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish a Surety/Insurance Company upon its request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

SIGNED AND SEALED THIS

Date