First Bank

Wichita Falls | Burkburnett | Iowa Park | Frisco | McKinney | Fort Worth | Plano

Confidential Financial Statement as of _____

NAME		SOCIAL SECURITY NO.		HOME PHONE NO.		HOME ADDRESS
CITY	STATE	ZIP	NAME OF SPOUSE (IF MARRIED)		SPOUSE'S SSN	DEPENDENT CHILDREN
NAME OF EMPLOYER		POSITION	YEARS	BUSINESS PHONE		ADDRESS OF EMPLOYER
CITY	STATE	ZIP	NAME OF ATTORNEY	PHONE	NAME OF C.P.A.	PHONE

Section 1 - Balance Sheet

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED, USE "NO" OR "NONE" WHERE NECESSARY.

BOTH SECTIONS MUST BE COMPLETED

ASSETS		(OMIT CENTS)	LIABILITIES		(OMIT CENTS)
CASH	IN THIS BANK		NOTES PAYABLE TO THIS BANK SCHEDULE 6,7,8	UNSECURED	
SCHEDULE 1	IN OTHER BANKS				
SECURITIES SCHEDULE 2	MARKETABLE (NYSE, OTC)		NOTES PAYABLE TO OTHER BANKS SCHEDULE 6,7,8	UNSECURED	
	NON-MARKETABLE				
	RESTRICTED STOCK		OTHER NOTES PAYABLE (SCHEDULE 8)		
ACCOUNTS RECEIVABLE (SCHEDULE 3)			ACCOUNTS PAYABLE (SCHEDULE 8)		
NOTES RECEIVABLE (SCHEDULE 3)			MORTGAGES PAYABLE SCHEDULE 6	HOMESTEAD	
				OTHER REAL ESTATE OWNED	
REAL ESTATE	HOMESTEAD				
SCHEDULE 6	OTHER REAL ESTATE OWNED		TAXES	HOMESTEAD	
AUTOMOBILES			OWING	OTHER REAL ESTATE OWNED	
OIL AND GAS (SCHEDULE 7)			OTHER LIABILITIES (ITEMIZE)		
IRA'S & PENSION PLANS (SCHEDULE 5)			REVOLVING ACCOUNTS - CREDIT CARDS		
OTHER ASSETS (ITEMIZED)			OTHER		
			TOTAL LIABILITIES		
			NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES)		
TOTAL ASSETS			**TOTAL LIABILITIES AND NET WORTH**		

Section 2 - Cash Flow

INCOME / EXPENSE INFORMATION

SOURCES OF CASH			USES OF CASH		PROJECTED NEXT YEAR 20_18
SALARY AND WAGES	RECURRING		INCOME TAXES & FICA	EXPENSES	
COMMISSIONS, BONUSES			OTHER PAYROLL DED.		
INTEREST & DIVIDENDS			LIVING EXP. & MISC.		
RENTAL INCOME			RENTAL EXPENSES		
OIL & GAS AFTER OP. EXP.			OIL & GAS CAP. EXP.		
OTHER BUSINESS INCOME			OTHER BUSINESS EXP.		
OTHER INCOME			OTHER Ins		
			SUBTOTAL		
			REG. SCHED. PMTS.	DEBT SERVICE	
SUBTOTAL			OTHER INTEREST		
COMMISSIONS, BONUS	NON-RECURRING		OTHER PRINCIPAL		
SALE OF ASSETS			CONTINGENT LIAB.		
TAX REFUND			OTHER		
OTHER			TOTAL CASH USES		
			NET CASH FLOW (TOTAL CASH SOURCES - TOTAL CASH USES)		

( ) I am applying for business or corporate credit.
( ) I am applying for individual credit in my own name and I am relying on my own income and assets and not the income or assets of another person.
( ) I am applying for individual credit and I am relying on my income or assets, as well as income or assets form other sources.
( ) We are applying for joint credit.

The above financial and related 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. The bank is authorized to contact any appropriate third parties for the purpose of verifying any information at any time furnished by me to the bank, and/or obtaining additional credit information deemed necessary by the bank; conversely, in the absence of written instruction to the contrary, the bank is authorized to impart such credit information to responsible third parties at the bank's sole discretion in accordance with applicable laws and regulations governing such disclosures. This financial statement and other information furnished shall be the property of the bank.

SIGNATURE_____**DATE**_____

JOINT APPLICANT'S SIGNATURE (If Applicable)_____ **DATE**_____

IF INSUFFICIENT SPACE PLEASE ATTACH A SEPARATE SHEET CONTAINING INFORMATION

SCHEDULE 1 - DEPOSIT ACCOUNTS

STYLE OF ACCOUNT	NAME & LOCATION WHERE HELD	BALANCE	TYPE OF ACCOUNT	ACCOUNT NUMBER	RESTRICTED YES OR NO

Total to Page 1

SCHEDULE 2 - STOCKS AND BONDS

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

Total to Page 1

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

**LIENS INCLUDE ANY MARGIN DEPOSITS, TRANSFERS, CONDITIONAL SALES, ASSIGNMENTS, CHARGES, ENCUMBRANCES, PLEDGES, HYPOTHECATIONS, SECURITY INTERESTS, OR OTHER SIMILAR DISPOSITIONS.

SCHEDULE 3 - NOTES AND ACCOUNTS RECEIVABLE (INCLUDING REAL ESTATE NOTES)

DUE FROM	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	PAYMENTS	MATURITY	PURPOSE AND COLLATERAL IF ANY	COLLECTIBLE YES OR NO

Total to Page 1

NOTE: IF PRIOR LIENS EXIST ON ANY REAL ESTATE NOTES LISTED ABOVE, PLEASE INDICATE LIENHOLDER AND AMOUNT ON PAGE 3

SCHEDULE 4 - LIFE INSURANCE

COMPANY	NAME OF INSURED	FACE AMOUNT	CASH SURRENDER OR LOAN VALUE	POLICY LOAN (IF ANY)	IS POLICY OR C/V ASSIGNED?	BENEFICIARY

Total to Page 1

SCHEDULE 5 - DEFERRED COMPENSATION & PENSION PLANS*

TRUSTEE / ADMINISTRATOR	TYPE OF ACCOUNT	IN NAME OF	BALANCE - VALUE	PLAN LOAN	NET VALUE	BENEFICIARY	FULLY VESTED	ACCESS DATE

Total to Page 1

*Include Pension Plans, I.R.A. Accounts, Keough Plans and 401(K) plans.

SCHEDULE 6 - REAL ESTATE OWNED AND RELATED DEBT

	LOCATION, SIZE IMPROVEMENTS		YEAR ACQUIRED	COST & IMPROVEMENTS	MARKET VALUE	PRESENT BALANCE	RELATED DEBT (Mark "*" by amount if not personally liable) Lienholder	MATURITY	RATE	ANNUAL PAYMENTS	ANNUAL INCOME	TAXES CURRENT YES OR NO
	HOMESTEAD - TOTAL TO PAGE 1											
1												
	OTHER WHOLLY OWNED REAL ESTATE											
2												
			TOTALS TO PAGE 1									
	PARTIAL OWNERSHIP IN REAL ESTATE	%										
	YOUR PORTION OF MARKET VALUE AND DEBT		TOTALS TO PAGE 1									

REGARDING SCHEDULES 6 AND 7. IF THE AMOUNT OF DEBT WHICH CAN BE LEGALLY ENFORCED AGAINST YOU EXCEEDS YOUR % OWNERSHIP, PLEASE DETAIL IN SCHEDULE 9.

SCHEDULE 7 - OIL AND GAS INTEREST (including partnership interests)

	LOCATION, DESCRIPTION, TYPE OF INTEREST AND SOURCE OF VALUATION		%	YEAR ACQUIRED	DATE OF VALUATION		PRESENT VALUATION	RELATED DEBT (mark "*" by amount if not personally liable) PRESENT BALANCE	LIENHOLDER	MATURITY	RATE	MONTHLY PAYMENTS	NET OPERATING REVENUE*	TAXES CURRENT YES OR NO
1														
2														
3														
4														
5														
	*NET OPERATING REVENUE AFTER OPERATING EXPENSES				TOTALS TO PAGE 1									

SCHEDULE 8 - NOTES AND ACCOUNTS PAYABLE - Exclude Loans Listed in Schedules 6 and 7							
DUE TO	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	PAYMENTS	MATURITY	PURPOSE	COLLATERAL

Total to Page 1

SCHEDULE 9 - CONTINGENT LIABILITIES				
TYPE #	NAME OF PARTY RECEIVING BENEFIT	OBLIGATION AMOUNT	EXPLANATION INCLUDE WHETHER YOU ANTICIPATE HAVING TO HONOR THE LIABILITY	MATURITY OR EXPIRATION DATE

Total to Page 1

OTHER INFORMATION		
BUSINESS IN WHICH I AM A PARTNER, OFFICER, PRINCIPAL OWNER, ETC.	NATURE OF BUSINESS	BUSINESS' BANK ACCOUNT

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

☐ Yes ☐ No 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) owned or claimed by your spouse before marriage; or (ii) acquired by your spouse during marriage by gift or inheritance; 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 you a party to any suit or are there any unsatisfied judgments against you?

☐ Yes ☐ No 6. Have you been through bankruptcy or made an assignment for benefit of creditors?

I have explained fully under "Additional remarks" on this page any "Yes" answers to the foregoing questions.

☐ Yes ☐ No 7. I have made a will; the executor is _____

NOTES:

1. Spouse information need not be revealed unless you reside in Texas or other community property state.
2. Alimony, child support or separate maintenance income need not be revealed unless you wish to have them considered as a basis for repaying the requested credit.
3. The federal Equal Credit Opportunity Act prohibits creditors form discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Reserve Bank of Dallas, 2200 N. Pearl Street, Dallas, Texas 75265.

ADDITIONAL REMARKS

Prepared by (if other than maker):_____ DATE_____