



# CHARABANC

Charabanc LLC

1581 Fulenwider Rd., Suite 100

Gainesville, GA 30507

PH: 678-971-5891 FAX: 678-971-5892

credit@charabancfinancial.com

## PERSONAL FINANCIAL STATEMENT

NAME (FULL) 1		SOCIAL SECURITY NO. 1	
2		2	
HOME ADDRESS 1			
INSTRUCTIONS 1. Fill all blank spaces. 3. Use schedules where needed on reverse side. If space is insufficient, attach supplement list.		DATE OF STATEMENT 2. Insert 0 or none where necessary. 4. Total Assets should equal Total Liabilities plus (+) Net Worth	
ASSETS		LIABILITIES	
CASH (SCHEDULE 1)	\$	NOTES PAYABLE – UNSECURED (SCHEDULE 5)	\$
INVESTMENT – BONDS & STOCKS (SCHEDULE 2)	\$	NOTES PAYABLE – SECURED (SCHEDULE 5)	\$
ACCOUNTS & NOTES RECEIVABLE (SCHEDULE 3)	\$	LOANS ON LIFE INSURANCE (SCHEDULE 5)	\$
REAL ESTATE OWNED (SCHEDULE 4)	\$	REAL ESTATE MORTGAGE (SCHEDULE 4)	\$
CASH VALUE OF LIFE INSURANCE (FACE VALUE \$ )	\$	INSTALMENT LOANS (NUMBER PAYMENTS AT \$)	\$
AUTO: YEAR MAKE	\$	OPEN ACCOUNTS	\$
AUTO: YEAR MAKE	\$	FEDERAL INCOME TAX	\$
OTHER ASSETS (ITEMIZE)	\$	OTHER LIABILITIES	\$
	\$		\$
	\$	TOTAL LIABILITIES	\$
	\$	NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES)	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES + TOTAL NET WORTH	\$
SOURCES OF INCOME		PERSONAL INFORMATION	
SALARY 1.		OCCUPATION OR TYPE OF BUSINESS 1.	
2.		2.	
BONUS & COMMISSIONS 1.		EMPLOYER 1.	HOW LONG EMPLOYED 1.
2.		2.	2.
DIVIDENDS & INTEREST 1.		POSITION HELD 1.	
2.		2.	

The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants: on the basis of race, color, religion, national origin, sex, marital status, age (provided that 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 Comptroller of the Currency, Consumer Affairs Division, Washington, D.C. 20219

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RENTS & ROYALTIES		NUMBER OF DEPENDENTS		YOUR AGE 1. 2.	
OTHER (ITEMIZE)		ALIMONY-CHILD SUPPORT: Inclusion of alimony, separate maintenance, or child support as income is voluntary. If you choose to include such payments, please describe it by the court and case number, the amount, and the name and address of the person obligated to pay that amount to you. If you are responsible for paying alimony, separate maintenance, or child support, please give particulars of the obligation, along with your other obligations.			
ANNUAL INCOME					
CONTINGENT LIABILITIES	ENDOSER OR COMAKER ON NOTES: 1) YES <input type="checkbox"/> NO <input type="checkbox"/>		2) YES <input type="checkbox"/> NO <input type="checkbox"/>		BRIEF DESCRIPTION:
	DEFENDANT IN ANY LEGAL ACTION: 1) YES <input type="checkbox"/> NO <input type="checkbox"/>		2) YES <input type="checkbox"/> NO <input type="checkbox"/>		
	LETTERS OF CREDIT: 1) YES <input type="checkbox"/> NO <input type="checkbox"/>		2) YES <input type="checkbox"/> NO <input type="checkbox"/>		

SCHEDULE 1    <b>CASH</b>	NAME OF BANK OR SAVINGS & LOAN ASSOCIATION		TITLE OF ACCOUNT			TYPE OF ACCOUNT	AMOUNT
							\$
						TOTAL CASH	
SCHEDULE 2    <b>INVESTMENTS STOCKS &amp; BONDS</b>	DESCRIPTION	REGISTERED IN NAME OF	NO. SHARES OR PAR	CLAS S	BOOK VALUE	MARKET VALUE	WHERE PLEDGED
SCHEDULE 3    <b>ACCOUNTS &amp; NOTES RECEIVABLE</b>	OWNED BY		MATU RITY	AMOUNT DUE	SECURITY – IF ANY		
SCHEDULE 4    <b>REAL ESTATE OWNED</b>	DESCRIPTION AND LOCATION	TITLE IN NAME OF		MARKET VALUE	MORTGAGE LENDER	BALANCE	MO. PAYMENT
SCHEDULE 5	OWED TO	AMOUNT	DUE	REPAYMENT SCHEDULE	SECURED BY		

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8/8/17

TO APPLICANT – PREPARE IN DUPLICATE AND KEEP COPY

NOTES PAYABLE					

I CONFIRM THAT THIS FINANCIAL STATEMENT IS GIVEN TO YOU BY ME FOR THE PUROSE OF OBTAINING CREDIT FROM TIME TO TIME; THAT I HAVE READ THE SAME AND THAT IT IS TRUE AND COMPLETE. I AGREE THAT IF, IN YOUR SOLE OPINION, THIS FINANCIAL STATEMENT IS FOUND TO BE INCORRECT, ANY ONE OR MORE OR ALL OF MY OBLIGATIONS TO YOU, AT YOUR SOLE DISCRETION, MAY BE MATURED BY YOU WITHOUT DEMAND UPON OR NOTICE TO ME.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Please fax or email to CHARABANC**

**Fax: 678-971-5892**

**Email: [credit@charabancfinancial.com](mailto:credit@charabancfinancial.com)**

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