

UPS Capital Business CreditSM

Personal Financial Statement



Loan Application Identifiers - Applicant Company Information

Applicant _____ Applicant () -
 Company Name _____ Company Phone _____

Complete this form for: (1) each proprietor, (2) each limited partner who owns 20% or more interest and each general partner, (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

PLEASE NOTE *UPS Capital Business Credit will also accept a standard SBA 413 Personal Financial Statement in place of this document*****

Name _____ Business Phone () -
 Residence Address _____ Residence Phone () -
 City _____ State _____ Zip Code _____

Note: Provide all values below as positive whole dollars. Do not use negative symbols.

Totals to be calculated by applicant.

Assets	Amount	Liabilities	Amount
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Sec. 2)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Mo. Payments \$ _____ (Sec. 7)	
Life Insurance-Cash Surrender Value Only (Sec. 8)	\$ _____	Installment Account (Other)	\$ _____
Stocks and Bonds (Sec. 3)	\$ _____	Mo. Payments \$ _____ (Sec. 7)	
Real Estate (Sec. 4)	\$ _____	Loan on Life Insurance	\$ _____
Automobile-Present Value	\$ _____	Mortgage and Home Equity LOC (Sec. 4)	\$ _____
Other Personal Property (Sec. 5)	\$ _____	Unpaid Taxes (Sec. 6)	\$ _____
Other Assets (Sec. 5)	\$ _____	Other Liabilities (Sec. 7)	\$ _____
Total \$ _____		Total Liabilities	\$ _____
		Net Worth	\$ _____
		Total \$ _____	

Section 1. Source of Income	Amount	Contingent Liabilities	Amount
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income *	\$ _____	Other Special Debt	\$ _____

Description of 'Other Income' in Section 1.

* Alimony or child support payments need not be disclosed in 'Other Income' unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others Check if use of attachment is necessary. Download Form at - <http://www.upscapital.com/solutions/sblapplication.html>

Noteholder Name _____	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	Original Balance \$ _____
Collateral _____	Monthly Payment \$ _____	Current Balance \$ _____
Address _____ City _____	State _____ Zip _____	-
Noteholder Name _____	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	Original Balance \$ _____
Collateral _____	Monthly Payment \$ _____	Current Balance \$ _____
Address _____ City _____	State _____ Zip _____	-
Noteholder Name _____	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	Original Balance \$ _____
Collateral _____	Monthly Payment \$ _____	Current Balance \$ _____
Address _____ City _____	State _____ Zip _____	-

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Section 3. Stock and Bonds Check if use of attachment is necessary. Download Form at – <http://www.upscapital.com/solutions/sblapplication.html>

Number of Shares	Name of Securities	Cost	Market / Exchange (Check Non-marketable)	Date of Quote / Exchange	Total Value
		\$	<input type="checkbox"/>		\$
		\$	<input type="checkbox"/>		\$
		\$	<input type="checkbox"/>		\$
		\$	<input type="checkbox"/>		\$
		\$	<input type="checkbox"/>		\$

Section 4. Real Estate Owned Check if use of attachment is necessary. Download Form at – <http://www.upscapital.com/solutions/sblapplication.html>

Property Type <input type="checkbox"/> Res. <input type="checkbox"/> Com.	Date Purchased _____	Orig. Cost \$ _____	Market Value \$ _____
Name(s) on Deed _____			Rent Received \$ _____
Address _____	City _____	State _____	Zip _____ -
Mortgage Co. _____	Type <input type="checkbox"/> 1 st Mortgage <input type="checkbox"/> Home Equity LOC <input type="checkbox"/> Other	Status <input type="checkbox"/> Current <input type="checkbox"/> Past Due	
Acct. Number _____	Mo. Payment \$ _____	Mortgage Balance \$ _____	
Co. Address _____	City _____	State _____	Zip _____ -
Property Type <input type="checkbox"/> Res. <input type="checkbox"/> Com.	Date Purchased _____	Orig. Cost \$ _____	Market Value \$ _____
Name(s) on Deed _____			Rent Received \$ _____
Address _____	City _____	State _____	Zip _____ -
Mortgage Co. _____	Type <input type="checkbox"/> 1 st Mortgage <input type="checkbox"/> Home Equity LOC <input type="checkbox"/> Other	Status <input type="checkbox"/> Current <input type="checkbox"/> Past Due	
Acct. Number _____	Mo. Payment \$ _____	Mortgage Balance \$ _____	
Co. Address _____	City _____	State _____	Zip _____ -
Property Type <input type="checkbox"/> Res. <input type="checkbox"/> Com.	Date Purchased _____	Orig. Cost \$ _____	Market Value \$ _____
Name(s) on Deed _____			Rent Received \$ _____
Address _____	City _____	State _____	Zip _____ -
Mortgage Co. _____	Type <input type="checkbox"/> 1 st Mortgage <input type="checkbox"/> Home Equity LOC <input type="checkbox"/> Other	Status <input type="checkbox"/> Current <input type="checkbox"/> Past Due	
Acct. Number _____	Mo. Payment \$ _____	Mortgage Balance \$ _____	
Co. Address _____	City _____	State _____	Zip _____ -

Section 5. Other Personal Property and Other Assets

Description	Amount	Description	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Section 6. Unpaid Taxes

Description	Payee	Due Date	Tax Lien	Amount
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Section 7. Life Insurance Held

Insurance Co. _____	Policy Number _____	Face Amount \$ _____
Beneficiaries _____		Surrender Value \$ _____
Insurance Co. _____	Policy Number _____	Face Amount \$ _____
Beneficiaries _____		Surrender Value \$ _____

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Section 8. Other Liabilities

Description	_____	Amt. of Lien	\$	_____
Lien Holder	_____	Monthly Payment	\$	_____
Address	_____	City	_____	State _____ Zip _____ -
Description	_____	Amt. of Lien	\$	_____
Lien Holder	_____	Monthly Payment	\$	_____
Address	_____	City	_____	State _____ Zip _____ -
Description	_____	Amt. of Lien	\$	_____
Lien Holder	_____	Monthly Payment	\$	_____
Address	_____	City	_____	State _____ Zip _____ -

Section 9. Personal Information

_____ Your income taxes are settled through what year?

Yes No Are you a partner or an officer in any other venture?

If 'Yes', provide details to the right. _____

Yes No Are you obligated to pay alimony, child support or separate maintenance payments?

If 'Yes', provide details to the right. _____

Yes No Are you a defendant in any lawsuits or legal actions?

If 'Yes', provide details to the right. _____

Yes No Have you ever been declared bankrupt?

If 'Yes', provide details to the right. _____

Disclaimer

For the purpose of procuring credit or any other financial accommodation from you from time to time, direct or contingent, the undersigned represents that the foregoing is a true and complete statement of the financial condition of the undersigned and of all facts herein set forth, and for such purpose agrees that you may at any time hereafter assume that the conditions and affairs of the undersigned have continued to be substantially as good as herein set forth and that there has been no change materially impairing the ability of the undersigned to pay all claims and demands against the undersigned unless, I/we notify you otherwise. The undersigned further agrees to notify you immediately in writing of any substantial change in the condition or affairs of the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein and to determine the undersigned's creditworthiness.

Signature(s)

		-	-
Name	Signature	SSN	Date
		-	-
Spouse Name	Spouse Signature	Spouse SSN	Date