

FINANCIAL STATEMENT	Date as of:
----------------------------	--------------------

NAME			PERSONAL EMAIL ADDRESS		BUSINESS EMAIL ADDRESS		
SOCIAL SECURITY NUMBER		DATE OF BIRTH		NUMBER OF DEPENDENTS		BUSINESS STREET ADDRESS	
HOME ADDRESS				HOME PHONE		EMPLOYER	
HOW LONG?		CELL PHONE		BUSINESS PHONE		OCCUPATION / POSITION	
SPOUSE'S NAME		SOCIAL SECURITY NO.		DATE OF BIRTH			

SECTION A: ASSETS				SECTION B: LIABILITIES			
CASH (Schedule 1)				REAL ESTATE/MORTGAGES PAYABLE (Schedule 5)			
MARKETABLE SECURITIES (Schedule 2)				NOTES PAYABLE (Schedule 8)			
NON-MARKETABLE SECURITIES (Schedule 3)				MARGIN DEBT DUE BROKERS (Schedule 2)			
INVESTMENTS IN PARTNERSHIPS (Schedule 4)				PARTNERSHIP RELATED DEBT (Schedule 4)			
REAL ESTATE (HOMESTEAD) (Schedule 5)				OIL & GAS RELATED DEBT (Schedule 7)			
REAL ESTATE (OTHER) (Schedule 5)				TAXES PAYABLE			
IRAS, KEOGHS & OTHER				CREDIT CARD DEBT			
QUALIFIED PLANS (Schedule 6)				OTHER LIABILITIES			
OIL & GAS INTERESTS (Schedule 7)							
OTHER ASSETS							
Personal Property							
Automobiles							
Note Receivables - Autos							
Interests in Trusts							
Cash Value of Life Insurance							
Misc.							
TOTAL ASSETS				TOTAL LIABILITIES			
				NET WORTH (Total Assets Less Total Liabilities)			
				TOTAL LIABILITIES PLUS NET WORTH			

SECTION C: CASH INCOME AND CASH EXPENSE INFORMATION*							
GROSS WAGES OR SALARIES				REAL ESTATE/MORTGAGE PAYMENTS (Schedule 5)			
COMMISSIONS, BONUSES, ETC.				REGULARLY SCHEDULED PRINCIPAL/INTEREST PAYMENTS			
PARTNERSHIP DRAWS, ETC.				INCOME TAXES (SUM OF A YEAR'S PERIODIC PAYMENTS)			
PARTNERSHIP DISTRIBUTIONS (Schedule 4)				PARTNERSHIP CONTRIBUTIONS (Schedule 4)			
INTEREST & DIVIDENDS				OTHER TAXES (REAL ESTATE, ETC.)			
RENTAL INCOME (Schedule 5)				LIVING EXPENSES & MISC.			
OIL & GAS INCOME (Schedule 7)				RENTAL EXPENSES (Schedule 5)			
OTHER - SS payments				OIL & GAS EXPENSES (Schedule 7)			
				OTHER ANTICIPATED PAYMENTS (ALIMONY, TUITION, ETC.)			
				OTHER			
TOTAL CASH INCOME				TOTAL CASH EXPENSES			
				NET CASH FLOW (CASH INCOME LESS CASH EXPENSES)			

*Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

**List all assumptions on page 4 under Additional Comments and describe any significant expected changes in your cash income or your cash expenses.

In the following statement, the words, "I", "me" and "my" mean anyone signing below. "You" and "Your" refer to Bank.			
<p>I have given you this financial statement, and attachments, if any, in order to obtain credit or services from you. I understand that you will rely on this information in connection with any decision you make in providing credit or services to me. I warrant and represent to you that this financial statement and any other information I may supply to you is correct and fully and accurately discloses all of my assets and liabilities, including, but not limited to, my contingent liabilities, cash income, and cash expenses as of the date I provide this information to you. All appraisals and similar indications of value relating to my assets which are available to me as of this date are attached for your review. You may assume that my financial condition is at least as good as shown on this statement until I provide to you another updated financial statement. You may request credit information about me from others including an investigative consumer report and you may request a consumer credit report about me in connection with this statement for credit or services. If I ask you, you will tell me whether or not a consumer credit report was requested and will also tell me the name and address of the reporting agency. I give you my permission to obtain additional consumer credit reports and investigative consumer reports without telling me should you update, renew, extend, or review my credit or other service arrangements with you. You may also share credit information about me with your affiliates, subsidiaries, parent company, other creditors, and all others permitted or required by law. I understand that, in the event any information contained in this statement is incorrect, false, or misleading and you incur a loss, you may file a Criminal Referral Form as may be requested or required by your supervisory agency. I also understand that knowingly providing false or misleading information in this financial statement is a federal offense that may subject me to fine, imprisonment or both (18 UCS Section 1014).</p>			
ATTENTION: CONTINGENT OBLIGATIONS SCHEDULE MUST BE COMPLETED. IF NONE, THEN WRITE NONE ON THE SCHEDULE.			

SIGNATURE	DATE	SIGNATURE	DATE
-----------	------	-----------	------

1	ACCOUNT NAME	BANK/BRANCH NAME & ADDRESS	BALANCE	ACCOUNT TYPE/NUMBER	PLEGDED Y OR N?

2	DESCRIPTION OF SECURITIES	FACE VALUE OR # SHARES	CURRENT MARKET VALUE	PLEDGED Y OR N?	MARGIN DEBT	YEARLY DIVIDEND INCOME
NAME OF BROKERAGE FIRM/BROKER						

3	DESCRIPTION OF SECURITIES	FACE VALUE OR # SHARES	CURRENT MARKET VALUE	COST	PLEDGED Y OR N?

SCHEDULE 4 - INVESTMENTS IN PARTNERSHIPS						PARTNERSHIP REL. DEBT			
4	PARTNERSHIP NAME	GENERAL, LIMITED, OTHER	% OWNED	COST	CURRENT MARKET VALUE	BALANCE	YEARLY PAY TERMS	YEARLY DISTRIB.	YEARLY CONTRIB.

[illegible]

6	TYPE	% VESTED	CURRENT BALANCE	LOANS	NET VALUE

SCHEDULE 7 - OIL AND GAS INTERESTS

7	TYPE OF INTEREST	% OWNED	VALUATION	RELATED DEBT			YEARLY OIL & GAS INCOME	YEARLY OIL & GAS EXPENSES
				BALANCE	LIENHOLDER	YEARLY PAY TERMS		

SCHEDULE 8 - NOTES PAYABLE

(exclude mortgage, real estate, and oil & gas related debt)

8	NAME & ADDRESS OF FINANCIAL INSTITUTION	PURPOSE	ORIG. DATE	ORIGINAL AMOUNT	BALANCE	MAT. DATE	YEARLY PAY TERMS	COLLATERAL

SCHEDULE 9 - CONTINGENT OBLIGATIONS

9	Instructions: State Total Amount By Type of Liability and Describe				
A.	AS GUARANTOR OR ENDORSER		E.	LETTERS OF CREDIT	
B.	ON LEASES OR CONTRACTS		F.	FUTURE CAPITAL CONTRIBUTIONS	
C.	FOR LEGAL CLAIMS OR JUDGMENTS		G.		
D.	INCOME TAX CLAIM OR DISPUTE		TOTAL A - G		
	DESCRIBE (A-G ABOVE)	BENEFICIARY PARTY	AMOUNT OBLIGATED AND WHEN OBLIGATED		MATURITY OR EXPIRATION

SCHEDULE 10 - INSURANCE

AUTO	HOME/REAL ESTATE	LIFE
INSURANCE CO.	INSURANCE CO.	INSURANCE CO.
POLICY NO.	POLICY NO.	POLICY NO.
COVERAGE	COVERAGE	COVERAGE
		FACE VALUE
		CASH VALUE
AGENT NAME	AGENT NAME	AGENT NAME
PHONE #	PHONE #	PHONE #

NAME OF YOUR PERSONAL ATTORNEY _____

1. Are you a defendant in any suits or legal actions? ☐ No ☐ Yes, If yes, describe on Page 4 under additional comments.
2. Income tax returns filed through (date) _____. Are any returns being audited or contested? ☐ No ☐ Yes, If yes, what year(s) _____.
3. Have you drawn a will? ☐ No ☐ Yes, if yes, year drawn _____. Executor/trix _____.
4. Do you have a line of credit or unused line of credit at any other institution? ☐ No ☐ Yes, if yes, indicated how much and where.
5. Have you ever filed a petition in bankruptcy or has one been filed involuntarily against you? ☐ No ☐ Yes, if yes, explain on Page under additional comments.
6. Are you an Executive Officer, Director, or Principal Shareholder of a bank? ☐ No ☐ Yes, Name of Bank _____.

[illegible]

CREDIT REPORT AUTHORIZATION

Name of Commercial Applicant

By signing below, the undersigned individual as principal, owner, officer of and/or guarantor of the commercial loan applicant, authorizes Austin Bank, Texas N. A., its designee, assigns or potential assigns, to review his/her personal credit report obtained from a consumer reporting agency. The credit report will be used in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Signature

Physical Address

Print Name

City, State, Zip

Social Security #

Date

Date of Birth

RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL ON BUSINESS LOAN REQUESTS

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please call 1-800-644-9275 or write to us at: Austin Bank, c/o Loan Admin, 3400 W. Marshall Ave., Longview, TX 75604 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the bases 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 Protection Act. The Federal Agency that administers compliance with this law concerning us is:

**Office of the Comptroller of the Currency, Customer Assistance Group
P. O. Box 53570, Houston, TX 77052**

BANK USE

Recordation of ID:	Type of Document	Number	Place of Issuance	Date of Issuance	Exp. Date
Applicant					
Recordation of ID:	Type of Document	Number	Place of Issuance	Date of Issuance	Exp. Date
Guarantor					