

GREENVILLE NATIONAL BANK FINANCIAL STATEMENT

DATE OF
STATEMENT: _____

Applicant _____	SS# or Fed. Id. _____	<input type="checkbox"/> Personal or Sole Proprietorship
Co-Applicant _____	SS# or Fed. Id. _____	<input type="checkbox"/> Corporation
Address _____		<input type="checkbox"/> Partnership

For the purpose of procuring credit, I/we furnish you with the following financial statement and information, as of the above date, and I/we agree to and will notify you at once in writing of any material unfavorable change in this statement or information. In the absence of such notice, this may be considered a substantially correct continuing statement for a twelve month period from date of statement. I/we fully agree that upon application for further credit, this statement shall have the same force and effect as if delivered as an original statement of my/our financial condition at the time such further credit is requested. In case of failure to notify you as agreed above, or if this statement is false in any material respect, you may declare due and payable all my/our obligations to you. Also, I/we authorize the bank to obtain or verify any information that may be required regarding my credit with the bank, and I/we also authorize the exchange of credit information with other creditors and credit reporting agencies.

ASSETS		LIABILITIES	BALANCE	PAYMENT
Cash In GNB - checking	\$	Loans From GNB - Secured	\$	\$
savings & CD		Unsecured		
Cash In Other Financial Institutions (Schedule 1)		Loans From Other Financial Institutions (Schedule 1A)		
U.S. Savings Bonds - Cash Value		Mortgage Loans On Real Estate (Schedule 5)		
Readily Marketable Securities (Schedule 2)		Accounts Payable (Schedule 3A)		
Other Securities (Schedule 2)		Income Taxes Owed		
Accounts Receivable (Schedule 3)		Other Taxes Owed		
Cash Value Life Insurance (Schedule 4)		Other Liabilities, Including Credit Cards (Itemize)		
Real Estate Owned (Schedule 5)				
Autos: Make Year				
Make Year				
Other Assets (Itemize)				
		TOTAL LIABILITIES		
		Net Worth (Total Assets Minus Total Liabilities)		
TOTAL ASSETS		TOTAL		
ANNUAL INCOME		CONTINGENT LIABILITIES		
Salary / Applicant	\$	As Endorser, Co-Maker or Guarantor	\$	\$
Salary / Co-Applicant		On Leases or Contracts		
Dividends				
Real Estate Income		<i>For New Credit Applications Only:</i>		
Other Income*		Amount of Credit Request	\$	
		Purpose of Request or Use of Funds:		
Total Income	\$			
PERSONAL INFORMATION		GENERAL INFORMATION		
Business or Occupation:	Date of Birth			
Applicant		Name of any other venture in which partner or officer:		
Co-Applicant		Are you defendant in any suits or legal action?		
Number of dependents:	Their ages:	Have you ever taken bankruptcy?		

I hereby certify that the above statement and representations and the schedules and representations on the other side of this sheet are true and correct as of the above date, and I understand that you will rely on such information when extending or maintaining credit.

Applicant Signature _____	Date _____	Co-Applicant Signature _____	Date _____
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(PLEASE COMPLETE THE SCHEDULES ON THE OTHER SIDE.)

*Income derived from alimony, child support, and separate maintenance payments need not be revealed unless the applicant wishes to have such income considered.

IF ADDITIONAL SPACE IS NEEDED USE SEPARATE SHEET AND SIGN

Schedule 1 - Cash In Other Financial Institutions

Name Of Institution	Name(s) On Account	Type Of Account	Balance

Schedule 1A - Loans from Other Financial Institutions

Name Of Institution	Name(s) On Account	Type Of Account	Balance	Payment Schedule Or Maturity	Collateral, If Any

Schedule 2 - Securities Owned (Do not include U.S. Savings Bonds.)

No. Shares Of Stock Par Value Of Bonds	Description	PFD-COM.	Current Value		Where Traded	Registered In Name Of
			Per Unit	Amount		

Schedule 3 - Accounts Receivable

Maker	Acct. Or Note	Date Due	Original Amount	Bal. Due	Collateral, If Any

Schedule 3A - Accounts Payable

Payable To	Acct. Or Note	Date Due	Original Amount	Bal. Due	Collateral, If Any

Schedule 4 - Life Insurance Carried

Issuing Company	Beneficiary	Kind Of Insurance	Face Amount	Cash Value	Amount Of Policy Loan

Schedule 5 - Real Estate Owned

Location & Description	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage		
					Bal. Due	Pmt. Amount	Held By

Remarks:



This form is only intended to be used by GNB and its customers. Do not return financial information through unsecured email.

