

PERSONAL FINANCIAL STATEMENT

CONFIDENTIAL

IMPORTANT: Please complete all sections of the financial statement. Use "No" or "None" when necessary.

Section 1 - Individual Information		Section 2 - Other Party Information or Spouse	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Position/Occupation		Position/Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State, Zip		City, State, Zip	
Home Telephone No: Bus No.		Home Telephone No. Bus No.	
Section 3 - Statement of Financial Condition as of :			
ASSETS (Do not include Assets of Doubtful Value)		LIABILITIES	
In Dollars (Omit cents)		In Dollars (Omit cents)	
Cash on Hand and in Banks	\$ _____	Notes Payable to Banks-Secured (See Schedule F)	\$ _____ 0
U.S. Govt. & Marketable Securities (See Schedule A)	_____	Notes Payable to Banks-Unsecured (See Schedule F)	\$ _____
Non-Marketable Securities (See Schedule B)	_____	Due to brokers	\$ _____ 0
Securities held by Broker in Margin Accounts	_____	0 Amounts Payable to Others-Secured	\$ _____
Restricted or Controlled Stocks	_____	0 Amounts Payable to Others-Unsecured	\$ _____ 0
Partial Interest in Real Estate Equities-(See Sch. C)	_____	0 Accounts and Bills Due	\$ _____ 0
Real Estate Owned (See Schedule D)	_____	Unpaid Income Tax	\$ _____ 0
Loans Receivable	_____	0 Other Unpaid Taxes and Interest	\$ _____ 0
Automobiles and Other Personal Property	_____	Real Estate Mortgages Payable (See Sch. C and D)	\$ _____ 0
Cash Value - Life Insurance (See Schedule E)	_____	0 Other Debts-Itemize	\$ _____ 0
Other Assets-Itemize Farm Products	_____	_____	\$ _____ 0
_____	_____	_____	\$ _____ 0
_____	_____	_____	\$ _____ 0
_____	_____	0 TOTAL LIABILITIES	\$ _____ 0
_____	_____	0 NET WORTH	\$ _____ 0
TOTAL ASSETS	\$ _____ 0	TOTAL LIABILITIES and NET WORTH	\$ _____ 0
SOURCES OF INCOME FOR YEAR ENDED:		PERSONAL INFORMATION	
Salary, Bonuses & Commissions	\$ _____	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name of executor:	
Dividends	_____	Are you partner or officer in any other venture? If so, describe:	
Real Estate Income	_____	_____	
Other Income	_____	Are you delegated to pay alimony, child support or separate maintenance payments? If so, describe:	
_____	_____	_____	
_____	_____	Are any assets pledged other than as described on schedules. If so, describe:	
_____	_____	_____	
TOTAL	\$ _____ 0	Income Tax Settled Through (Date):	
CONTINGENT LIABILITIES		Are you a defendant in any suits or legal actions? If so, describe.	
Do you have any contingent liabilities? If so, describe:		_____	
As Endorser, Comaker or Guarantor?	\$ _____ 0.00	Personal bank accounts carried at:	
On Leases or Contracts?	\$ _____ 0.00	Have you ever declared bankruptcy? If so, describe.	
Legal Claims	\$ _____ 0.00	_____	
Other Special Debt	\$ _____ 0.00	_____	
Amount of Contested Income tax Liens	\$ _____ 0.00	_____	

COMPLETE SCHEDULES AND SIGN ON PAGE 2.

IF SCHEDULES BELOW DO NOT PROVIDE SUFFICIENT SPACE, ATTACH SEPARATE SHEETS AS NEEDED

SCHEDULE A - U.S. Government and Marketable Securities

No. of Shares or Face Value(Bonds)	Description	In Name of	Are these pledged (Y or N)	Market Value

SCHEDULE B - Non-Marketable Securities

No. of Shares	Description	In Name of	Are these pledged (Y or N)	Source of Value	Value

SCHEDULE C - Partial Interests in Real Estate Equities

Description of Property and Improvements	Title In Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Balance

SCHEDULE D - Real Estate Owned

Description of Property Covered	Title in Name of	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Balance
				0		

SCHEDULE E - Life Insurance Owned

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - Banks or Finance Companies Where Credit Has Been Obtained

Name of Lender	Credit in Name of	Secured or Unsecured	Original Date	High Credit	Current Balance	Monthly Payment

Agreement: I (we) understand that Advantage+ (Advantage Leasing Corporation) is relying on the information provided in this statement to extend or continue to extend credit. I (we) warrant that the information provided is true, correct and complete. I (we) agree to notify you immediately and in writing of any change of name, address, employment and of any material adverse change that adversely affects the information in the statement, the financial condition of the undersigned, or my (our) ability to fulfill my (our) obligations. You are authorized to make whatever inquiries are necessary to verify the information provided, including, but not limited to obtaining reports from credit reporting agencies. You are authorized to answer questions about your credit experience with us.

Signature (Individual)	Date:	Signature (Other Party or Spouse)	Date:
Social Security No.	Date of Birth:	Social Security No.	Date of Birth: