



Owner Personal Financial Statement

Name: _____	SSN: _____
Spouse (if joint): _____	SSN (if joint): _____
Home Address: _____	Home Phone: _____
City, State, Zip: _____	Business Phone: _____

Assets

Cash in Bank Accounts	
Accounts/Notes Receivable	
Stocks/Bonds/Mutual Funds	
Real Estate (Market Value)	
Real Estate (Market Value)	
Automobiles Owned	
Equipment Owned	
Other Assets (Itemize):	
Total Assets:	

Liabilities

Notes Payable	
Accounts Payable	
Credit Card Debt	
Mortgage(s)	
2 nd Mortgage(s)	
Automobile Loans	
Equipment Debt	
Other Liabilities (Itemize):	
Total Liabilities:	

NET WORTH (Subtract your total liabilities from total assets)	
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Income Information

Salary	
Commissions	
Dividends	
Real Estate Income	
Other	
TOTAL INCOME:	

Contingent Liabilities

TOTAL CONTINGENT:	

The undersigned individual who is either a principal, personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Access Capital Group Inc. and / or it's designee the use of a consumer credit report on the undersigned, from time to time as may be needed, as well as the release of any and all information requested for the purpose of granting business credit. A Photocopy or Fax of this release will act as an original.

_____ <i>Signature</i>	_____ <i>Date</i>	_____ <i>Spouse (if joint.)</i>	_____ <i>Date</i>
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Please print, complete and faxed signed application to: 866.564.6600

Access Capital Group Inc. 28525 Beck Rd., Ste. 110, Wixom, MI 48393 Office: 248.596.1800