

**Patrick J. Thomas Agency, Inc.**

**PERSONAL FINANCIAL STATEMENT**

WCCO Radio Building  
625 2nd Ave. South, Suite 410  
Minneapolis, MN 55402  
Tel: (612) 339-5522 Fax: (612) 349-3657

ON-LINE FORM

*Specialists in Surety Bonding Since 1962*

What Type of Surety Bond do you require: \_\_\_\_\_

Who is your Attorney: \_\_\_\_\_

**APPLICANT:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Please check box

Yes, I authorize The Patrick J. Thomas Agency to run my credit report for purposes of bonding

**CO-APPLICANT:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Please check box

Yes, I authorize The Patrick J. Thomas Agency to run my credit report for purposes of bonding



The foregoing statement, submitted for the purpose of obtaining a surety bond, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/We will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations. I/We understand that you will retain this financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED  
ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND  
CORRECT IN ALL RESPECTS.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant signature (if required)

**NOTICE TO WISCONSIN MARRIED APPLICANTS ONLY:** No provision of any marital property agreement, unilateral statement under §766.59, Wis. Stats., or court decree under §766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or court decree or has actual knowledge of the adverse provisions.

ASSETS	COST BASIS	MARKET VALUE BASIS	LIABILITIES	TOTAL AMOUNT	MONTHLY PAYMENTS
Cash in Bank	1		Loans Payable – Bank	7	
Notes Receivable	2		Note Payable	8	
Accounts Receivable	2		Accounts Payable	8	
Government Bonds/ Marketable Securities	3		Taxes Payable	9	
Real Estate: Homestead	4		Mortgage(s) Payable	4	
Real Estate: Investments	4		Other Liabilities	10	
Cash Value Life Insurance	5				
Other Assets	6				
Car, Household Furnishings					
			<b>TOTAL LIABILITIES</b>	\$ _____	
<b>TOTAL ASSETS</b>			<b>** NET WORTH</b>	\$ _____	<b>** Assets (Cash Basis): Liabilities Net Worth:</b>
	\$ _____	\$ _____	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$ _____	\$ _____
<b>INCOME</b>	Salary		Real Estate Income	<b>TOTAL INCOME</b>	
	\$ _____		\$ _____	\$ _____	
	Bonus/Commission		Other		
	\$ _____		\$ _____	\$ _____	

**\*SUPPLEMENTARY SCHEDULES**

NOTE: All data listed above must appear on the appropriate schedules. Insert "None" where appropriate. Designate if owned jointly.

1 CASH IN BANK		
Name, Branch and Location of Bank	Account Number	Amount

2 NOTES AND ACCOUNTS RECEIVABLE				
Name and Address of Debtor	Amount	Due Date	Security	Pledged To Whom

3 BONDS AND MARKETABLE SECURITIES				
Name of Security	Exchange List	No. of Shares	Price Per Share	Total Market Value

4 REAL ESTATE							
Location/Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder

