

Patrick J. Thomas Agency, Inc.

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

PERSONAL FINANCIAL STATEMENT

Specialists in Surety Bonding Since 1962

APPLICANT:

Name _____ Social Security Number _____

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 _____ Social Security Number _____

Address _____
(Address) (City) (State) (Zip Code)

Telephone Number _____ Date of Birth _____

Present Employer _____ Position _____

Address _____
(Address) (City) (State) (Zip Code)

Business 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.

SCHEDULE 3 SECURITIES OWNED/RETIREMENT ACCOUNTS

No. shares or Bond amount	Description	In whose name(s) registered	Cost	Present Market value	L-listed U-unlisted
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
TOTAL					

SCHEDULE 4 LIFE INSURANCE

Insured	Insurance Company	Beneficiary	Face Value of policy	Cash value	Loans
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
TOTAL					

SCHEDULE 5 REAL ESTATE

Address and type of property	Title in name(s) of	Monthly Income	Cost Year acquired	Present Market Value	Amount of Insurance
Homestead			\$	\$	\$
			Year		
			\$	\$	\$
			Year		
			\$	\$	\$
			Year		

SCHEDULE 6 MORTGAGES OR LIENS ON REAL ESTATE

To whom payable	How payable	Interest Rate	Maturity Date	Unpaid Balance
Homestead	\$ per			\$
	\$ per			\$
	\$ per			\$

SCHEDULE 7 LOANS PAYABLE TO BANKS & OTHERS AND INSTALLMENT CONTRACTS PAYABLE

To whom payable	Address	Collateral or Unsecured	How payable	Maturity Date	Unpaid Balance
			\$ per		\$
			\$ per		\$
			\$ per		\$
			\$ per		\$
			\$ per		\$
			\$ per		\$