## GREENVILLE NATIONAL BANK FINANCIAL STATEMENT

Applicant	SS# or Fed. Id.		Personal or Sole Proprietorship
Co-Applicant	SS# or Fed, Id.		Corporation
Address			Partnership

DATE OF

STATEMENT:

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 IA)						
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	s	As Endorser, Co-Maker or Guarantor	\$	\$				
Salary / Co-Applicant		On Leases or Contracts						
Dividends		On Excises of Contracts						
Real Estate Income		For New Credit Applications Only:						
Other Income*		Amount of Credit Request	\$					
		Purpose of Request or Use of Funds:	-					
Total Income	\$	1 arpose of request of Ose of Fullus.						
		GENERAL INFORMATION						
PERSONAL INFORMATION Business or Occupation:	Date of Birth	GENERAL INFORMAT	IUN					
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		Co-Applicant	
Signature	Date	Signature	Date

## IF ADDITIONAL SPACE IS NEEDED USE SEPARATE SHEET AND SIGN

Schedule 2 - Securities Owned (Do not include U.S. Savings Bonds.)  No. Shares Offissitution  Name (S) On Account  Type OfAccount  Schedule 2 - Securities Owned (Do not include U.S. Savings Bonds.)  No. Shares Of Registers Fur Value Of Roads  Description  Per Unit  Amount  Traded In Name Of Institution  Schedule 3 - Accounts Receivable  Maker  Note  Date Due Original Amount  Schedule 3A - Accounts Payable  Payable To  Acct. Or Note  Date Due Original Amount  Road  Schedule 3A - Accounts Payable  Payable To  Acct. Or Note  Date Due Original Amount  Road  Schedule 3A - Accounts Payable  Payable To  Acct. Or Note  Beneficiary  Beneficiary  Note  Schedule 3A - Accounts Payable  Trade  Collateral, If Any Amount  Road  Road  Road  Schedule 5 - Real Estate Owned  Lecotion 8  Title In Name Of Acquired  Cost  Market  Bal. Due  Amount  Casti Value  Policy Loss  Schedule 5 - Real Estate Owned  Lecotion 8  Description  Name Of Acquired  Cost  Market  Ral. Due Pert. Amount  Held I	M OCT		Institution		O A			TT.	- Of A			Dal
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Name Of Institution Name(s) On Account Type Of Account Balance Or Maturity Collateral, If Application of the Collateral												
Name Of Institution Name(s) On Account Type Of Account Balance Or Maturity Collateral, If Application of the Collateral												
Schedule 2 - Securities Owned (Do not include U.S. Savings Bonds.)  No. Shares Of Sonds Description Per Unit Amount Traded In Name Of Bonds  Schedule 3 - Accounts Receivable Maker Acct. Or Note Date Due Acct. Or Note Payable To Note  Payable To Note  Beneficiary Beneficiary  Rind Of Face Insurance Amount Bal. Due Collateral, If Any Co	Schedule lA - Loans fro	m Other Fina	ıncial Instit	tutions				ı	Demond Cal	. 1. 1.		
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