



1st Bank of Sea Isle City
 Loan Center
 137 J.F. Kennedy Blvd.
 Sea Isle City, NJ 08243
 Ph: 609.263.7823 FAX: 609.263.9179
 www.1stbankseaisle.com

Business Financial Statement

Name of Business:	Applicant Name:
Prepared by:	Title (Position):
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Statement of financial condition as of:	
For the period: _____ to _____	

(Round to the nearest hundred)

Current Assets	Amount (\$)	Current Liabilities	Amount (\$)
Cash in 1 st Bank of Sea Isle City	\$	Accounts payable (Schedule 6)	
Cash in other Financial Institutions (Schedule 1A)		Accrued Interest on Borrowings	
Certificates of Deposit (Schedule 1B)		Notes Payable-Current portion	
Stocks, Bonds & Other Marketable securities (Schedule 2)		Accrued taxes on Real Estate (Schedule 7)	
Accounts, Loans & Notes receivable (Schedule 3)		Accrued Taxes, Other (Schedule 7)	
Advances to Employees		Other current payables (List):	
Prepaid Expenses (Schedule 4)			
Partnerships, LLC's & Closely held CO. (Sched. 5)			
Other assets (List):			
Total Current Assets	\$	Total Current Liabilities	\$
Fixed Assets		Long-Term Liabilities	
Real Estate & Buildings (Schedule 5)	\$		
Less: Accumulated Depreciation			
Furniture, Equipment & Vehicles			
Less: Accumulated Depreciation			
Other Fixed Assets: (List)			
Total Assets	\$	Total Long-Term Liabilities	\$
Net Worth or Stockholders Activity	\$		
(Schedule 8)			
Total Liabilities & Net Worth	\$		



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Schedules

Schedule 1A - Cash in Financial Institutions						
Name of Financial Institution and Address	Account in Name of	Type of Account	Account Number	Balance		
				TOTAL	\$	
Schedule 1B- Certificates of Deposit						
Name of Financial Institution and Address	Account in Name of	If pledged, State to whom	Maturity Date	Account Number	Balance	
				TOTAL	\$	
Schedule 2 - Stocks, Bonds & Other Marketable Assets						
Face Value of Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Income Received Last year	If pledged, State to Whom	Present Market Value
					TOTAL	\$
Schedule 3 - Accounts, Loans & Notes Receivable						
Name and Address of Debtor	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected	Amount Owing	
					TOTAL	\$
Schedule 4 - Prepaid Expenses						
Type of Prepaid	To Whom Paid	Expiration Date	Original Amount	Current Balance		
				TOTAL		



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Schedule 5 - Real Estate & Buildings

Location or Street # & Description	Mortgages or Liens	Due Dates & Payment Amount	Unpaid Taxes		Cost	Present Market Value
			Year	Amount		
TOTAL					\$	

Schedule 6 - Accounts Payable

Nature of Account	Payable to	When Due	Amount Due
TOTAL			\$

Schedule 7 - Accrued Taxes

Type of Tax	Payable To	When Due	Amount Due
TOTAL			

Schedule 8 - Net Worth or Stockholders' Equity

CORPORATIONS	
Type	Amount
Common Stock (____ Shares)	
Preferred Stock	
Additional Paid-In Capital	
Retained Earnings	
Total	

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and complete and further acknowledge that there are no misrepresentations or omissions of material facts.

Dated and signed this _____ day of _____, 20_____

Signature _____ Printed Name _____