CONFIDENTIAL

Submitted to: Mercury Capital Corporation
Statement of Financial Condition as of : _____

INDIVIDUAL APPLICANT INFORMATION	CO-APPLICANT INFORMATION (use separate sheet if necessary)
Name	Name
Residence Address	Residence Address
City, State & Zip	City, State & Zip
Business Name	Business Name
Position of Occupation	Position of Occupation
Business Address	Business Address
City, State & Zip	City, State & Zip
Res. Phone Bus. Phone	Res. Phone Bus. Phone
SS# D.O.B.	SS# D.O.B.

IMPORTANT: If assets or liabilities are owned or owed jointly with co-applicant or with someone other than co-applicant, indicate how the asset is titled and and how much you owe or own in the appropriate schedules.

	EVEN DOLLARS				EVEN DOLLARS		
ASSETS	**APPL.**	**CO- APPL**	**JOINT**	**LIABILITIES AND NET WORTH**	**APPL.**	**CO- APPL**	**JOINT**
Cash in Institutions - Schedule A	$	$	$	Notes Payable this Bank - Schedule A	$	$	$
U.S. Government Securities - Schedule B				Notes Payable other Institutions - Schedule A			
Securities Held by You - Schedule B				Notes Payable Others			
Other Equity Interest - Schedule B				Due on Margin Accounts - Schedule B			
Accounts and Notes Receivable				Credit Cards and Other Bills			
Real Estate Owned - Schedule C				Unpaid Taxes			
Partnership Interests - Schedule D				Mortgage Loans - Schedule C or D			
Automobiles				Land Contracts - Schedule C or D			
Cash Value Life Insurance - Schedule E				Life Insurance Loans - Schedule E			
IRAs and 401-Ks				Other Liabilities - Itemize			
Other Vested Retirement Accounts							
Other Assets - Itemize							
				TOTAL LIABILITIES			
				NET WORTH (Assets less Liabilities)			
TOTAL ASSETS	$	$	$	TOTAL LIABILITIES & NET WORTH	$	$	$

SOURCES OF INCOME	APPL.	CO- APPL	TOTAL
Salary	$	$	$
Bonus and Commissions			
Dividends/Interest			
Real Estate Income			
*Other Income-Itemize			
TOTAL	$	$	$

*Alimony, Child Support or Separate Maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, please indicate if payments received under Court Order, A32Written Agreement, or Oral Understa _____

CONTINGENT LIABILITIES	ESTIMATED AMOUNTS
Do you have any (If yes, please fill in amount) ...	
Contingent liabilities (as endorser, co-maker or guarantor?... on leases? on contracts?)*	
Pending legal claims?	
Outstanding letters of credit or other special debt or circumstances?*	
Income Tax Liens?	
If yes to any question(s), please describe:	

*Describe on form 2560

GENERAL INFORMATION

Partner, officer, or owner in any other venture? (If yes please explain)

_____

_____ Phone no. _____

Income Taxes filed and paid through (date) _____

Are you a Defendant in any Suits or Legal Action? (If yes, please explain)

_____

_____

Have you ever declared bankruptcy? (If yes, please explain)

_____

_____

Do you have disability insurance?

If yes, monthly distribution is _____

Number of years covered is _____

Do you have a will?

If yes, Executor is _____

Do you have a Trust?

If yes, Trustee is _____

Number and age of Dependents _____

(USE SEPARATE SHEET IF NECESSARY)