



# MEDALLION Funds

## Smart Lending Solutions

### Business Financial Statement

As of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Name \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

For the purpose of securing credit from time to time with you. I furnish the following as a true and correct statement of my financial condition on date named above, and agree to notify you of any material changes affecting my financial condition. In the absence of such notice, this is to be considered a continuing statement and my ability to pay has not fallen below the condition herein set forth.

ASSETS				LIABILITES			
Cash (Schedule A)	\$			Notes Payable to Banks (Schedule A)	\$		
Stocks and Bonds				Notes Payable to Relatives (Schedule E)			
Accounts and Notes Receivable				Notes Payable to Others (Schedule E)			
Due from Outside Sources				Accounts Payable			
Due from others – good				Federal & State Income Taxes Payable			
Other Resources, if Any				Other Accrued Taxes & Interest			
Real Estate Owned (Schedule C)				Mortgages Payable (Schedule C)			
Mortgages Owned (Schedule D)				Installment Contracts Payable			
Cash Surrender Value Life Ins. (Schedule F)				Loans against Life Insurance (Schedule F)			
Other Assets (itemize):				Other Liabilities (itemize):			
				<b>TOTAL LIABILITES</b>			
				<b>NET WORTH</b>			
<b>TOTAL</b>	\$			<b>TOTAL</b>	\$		
Amount of Assets Pledged	\$			Amount of Liabilities Secured	\$		

Gross Revenues \$ \_\_\_\_\_ Accounts Receivable Not Accounted For \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Business Type \_\_\_\_\_ Parent Company \_\_\_\_\_

Is your entity Part of another Company as a GP or a LP? \_\_\_\_\_

Entity? \_\_\_\_\_ Number of Partners? \_\_\_\_\_ Year Established? \_\_\_\_\_ Guarantor \_\_\_\_\_

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Are there any unsatisfied judgements or legal actions pending against you? \_\_\_\_\_

Have you ever gone through bankruptcy or made a general assignment? \_\_\_\_\_

As of the date of this financial statement, I had not pledged, assigned, hypothecated or transferred the title to any of my assets, except as noted on this form or on a supporting schedule, nor has any such action been taken since that date, except as follows (give details):

\_\_\_\_\_

\_\_\_\_\_

**CONTINGENT LIABILITIES:**

As endorser or co-maker \_\_\_\_\_

On receivable discounted or sold \_\_\_\_\_

As guarantor \_\_\_\_\_

On leases, mortgages or contracts \_\_\_\_\_

Unsettled claims \_\_\_\_\_

Other (itemize) \_\_\_\_\_

\_\_\_\_\_

(Please complete all schedules and fill in all the blanks; Insert "None" if appropriate)

*Schedule A*

**CASH BALANCES AND BANK LOANS**

Statement Date:

Name of Bank	Cash Balance	Amount Owing	Method of Borrowing (Unsecured, Guaranty, Collateral)
Cash on Hand			
<b>TOTALS AS PER STATEMENT</b>			

*Schedule B*

**STOCKS AND BONDS**

Shares or Bonds	Name of Security	In the Name of	Present Market Value	If Pledged State to Whom

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Schedule C

### REAL ESTATE OWNED

% Ownership	Location, Type of Property and Date Acquired	Title in Name of	Cost	Recent Appraised Value	Mortgage Amt Due
Are there any other liens against any of the above property?					
Are there any mortgage payments, interest or taxes in arrears?					

Schedule D

### REAL ESTATE MORTGAGES OWNED

Type of Lien (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )	Location and Property Type	Mortgagee of Record	Original Amount	Present Amount	Maturity
Are there any principal payments, interest or taxes in arrears?			Are there any unrecorded assignments?		

Schedule E

### NOTES PAYABLE

Amount	Creditor	Due	Terms	Collateral

Schedule F

### LIFE INSURANCE

Face Amount	Name of Company	Beneficiary	Type of Policy	Cash Value	Loan Against Policy
Are any of the above policies assigned except for loans as shown?					

The foregoing statement is true and correct and may continue to be considered at least as favorable as shown until otherwise notified in writing by the undersigned.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

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