

**AT Franchise Consultants
Confidential Financial Statement**

Name: _____ Spouse: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

I make the following statement of all my assets and liabilities as of the _____ day of _____.

Assets

Cash on Hand and in Banks	\$	_____
U.S. Government Securities	\$	_____
Accounts, Loans and Notes Receivable	\$	_____
Cash Surrender Value Life Insurance	\$	_____
Value of Businesses Owned	\$	_____
Other Stocks and Bonds	\$	_____
Real Estate	\$	_____
Automobiles – Number ()	\$	_____
Household Furnishings & Personal Effects	\$	_____
Other Assets (itemize)	\$	_____
Total Assets:	\$	_____

Liabilities

Notes Payable	\$	_____
Real Estate Notes Payable	\$	_____
Other Liabilities & Debt (itemize)	\$	_____
Total Liabilities:	\$	_____

Net Worth (Assets minus Liabilities): \$ _____

Sources of Income

Salary	\$	_____
Spouse	\$	_____
Dividends and Interest	\$	_____
Bonus and Commissions	\$	_____
Other Income	\$	_____
Total Income:	\$	_____

The Undersigned certifies that this information was provided by him/her and is true and correct. Furthermore, I authorize AT Franchise Consultants and its assignees to investigate my credit.

Date: _____ SSN/TIN: _____

Signature(s): _____

Please mail or fax this form to the following address:

AT Franchise Consultants
4714 E Prickly Pear Trail, Phoenix AZ 85050
Phone: 800-991-8802 Fax: 480-422-6700
Email: info@atfranchise.com Web Site: www.atfranchise.com