



**PATE
BONDING
INC.**

1276 So. Robert St. • West St. Paul, MN 55118 • Phone: (651) 457-6842 • Fax: (651) 457-7531 • Web Site: www.patebonding.com

Personal Financial Statement

APPLICANT (Owner)

NAME _____ SSN# _____
FIRST MI LAST

ADDRESS _____
STREET CITY, STATE, ZIP LENGTH (YRS)

FORMER ADDRESS _____
STREET CITY, STATE, ZIP LENGTH (YRS)

HOME PH. # (____) _____ WORK PH.# (____) _____ DATE OF BIRTH _____

PRESENT EMPLOYER _____ POSITION _____

EMPLOYER ADDRESS _____
STREET CITY, STATE, ZIP LENGTH (YRS)

Spouse

NAME _____ SSN# _____
FIRST MI LAST

ADDRESS _____
STREET CITY, STATE, ZIP LENGTH (YRS)

FORMER ADDRESS _____
STREET CITY, STATE, ZIP LENGTH (YRS)

HOME PH. # (____) _____ WORK PH.# (____) _____ DATE OF BIRTH _____

PRESENT EMPLOYER _____ POSITION _____

EMPLOYER ADDRESS _____
STREET CITY, STATE, ZIP LENGTH (YRS)

APPLICANT

SPOUSE

Have you ever gone through bankruptcy or had a judgment against you?

Yes No

Yes No

Are any assets pledged or debts secured except as shown?

Yes No

Yes No

Have you made a will?

Yes No

Yes No

Number of Dependents
(If "None" check None)

_____ None

_____ None

Marital Status (answer only if this financial statement is provided in connection with a request for surety credit or applicant is a joint indemnitor with spouse.)

Married

Married

Separated

Separated

Unmarried

Unmarried

(Unmarried includes single, divorced, widowed)

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. The Surety is authorized to verify any information contained herein including but not limited to my credit and employment history and to request, obtain, and use credit information on me/us in the processing of my/our application. This document, or any photostatic copy hereof, hereby authorizes any third party to furnish to the Surety with complete consumer credit reports.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS

Date

Applicant's Signature

Date

Spouse's Signature