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Confidential Financial Statement as of: _____

- Individual
 Joint

NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER		DRIVERS LICENSE NO. & STATE	
HOME ADDRESS (STREET)			CITY		STATE	ZIP	PHONE
EMPLOYER		YEARS	BUSINESS ADDRESS			PHONE	
OCCUPATION/POSITION		YEARS	NAME OF SPOUSE		SOCIAL SECURITY NUMBER	NO. OF DEPENDENTS	
ASSETS (OMIT CENTS)				LIABILITIES (OMIT CENTS)			
CASH (Schedule 1)	In This Bank			MORTGAGES PAYABLE (Schedule 7)	Homestead		
	In Other Institutions				Other Wholly-Owned R/E		
SECURITIES (Schedule 2)	Marketable			NOTES PAYABLE (Schedule 6)	To This Bank		
	Not Publicly Traded				Other Notes Payable		
ACCOUNTS RECEIVABLE				TAXES OWING	Income Taxes		
NOTES RECEIVABLE (Schedule 3)					Other Taxes		
NET CASH VALUE OF INS. & ANNUITIES (Schedule 4)				OIL & GAS RELATED DEBT (Schedule 8)			
REAL ESTATE (Schedule 7)	Homestead			ACCOUNTS PAYABLE			
	Other Wholly-Owned R/E			ESTIMATED CREDIT CARD BALANCE			
	Partial Ownership in R/E			OTHER LIABILITIES (Itemize on Page 4)			
OIL & GAS INTERESTS (Schedule 8)							
EQUIPMENT & OTHER BUSINESS ASSETS							
DEFERRED COMP. & RETIRMENT PLANS (Schedule 5)							
PERSONAL PROPERTY & AUTOMOBILES							
OTHER ASSETS (Itemize on Page 4)							
				TOTAL LIABILITIES			
				NET WORTH (Assets less Liabilities)			
TOTAL ASSETS				TOTAL CONTINGENT LIABILITIES (Schedule 9)			

INCOME/EXPENSE INFORMATION					
SOURCES OF CASH	LAST YEAR 20__	THIS YEAR 20__	USES OF CASH	LAST YEAR 20__	THIS YEAR 20__
SALARY & WAGES			INCOME TAXES & FICA		
SPOUSE'S SALARY & WAGES			OTHER PAYROLL DED.		
COMMISSIONS, BONUS, ETC.			LIVING EXP. & MISC.		
INTEREST & DIVIDENDS			RENTAL EXPENSES		
RENTAL INCOME			OTHER BUSINSS EXPENSES		
OTHER BUSINESS INCOME			REG/SCHED. PYMTS		
SALE OF ASSETS			OTHER INTEREST		
TAX REFUND			OTHER PRINCIPAL		
OTHER:			OTHER:		
TOTAL CASH SOURCES			TOTAL CASH USES		
			NET CASH FLOW		

The above financial and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment. I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from and of my creditors and/or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me.

WITNESS _____ DATE _____ SIGNATURE _____ DATE _____

SCHEDULE 1 - DEPOSIT ACCOUNTS					
STYLE OF ACCOUNT	NAME & LOCATION WHERE HELD	BALANCE	TYPE OF ACCOUNT	ACCOUNT NUMBER	RESTRICTED? YES OR NO
TOTAL IN THIS BANK			TOTAL IN OTHER INSTITUTIONS		

SCHEDULE 2 - STOCK AND BONDS								
NAME OF ISSUER	WHERE TRADED	SHARES OR PAR	MARKET PER SHARE	MARKET VALUE	COST	PLEGDED? YES OR NO	RESTRICTED? YES OR NO	REGISTERED IN THE NAME OF
TOTAL MARKETABLE					TOTAL NOT TRADED			

"RESTRICTED" MEANS TRADING OF THE SECURITY IS SUBJECT TO LIMITATIONS DUE TO LETTER, LEGEND OR CONTROL.

SCHEDULE 3 - NOTES RECEIVABLE							
DUE FROM	ORIGINAL AMOUNT	PRESENT BALANCE	RATE	MATURITY	PAYMENT TERMS	COLLECTABLE? YES OR NO	COLLATERAL
TOTAL TO PAGE 1							

SCHEDULE 4- LIFE INSURANCE AND ANNUITIES (Including employer provided)							
COMPANY	FACE AMOUNT	BENEFICIARY	CASH VALUE	POLICY LOAN	NET CASH VALUE	INSURED	PLEGDED? YES OR NO
TOTAL TO PAGE 1							

SCHEDULE 5- DEFERRED COMPENSATION & RETIREMENT PLANS*							
TRUSTEE OR PLAN ADMINISTRATOR	TYPE OF ACCOUNT	BENEFICIARY	BALANCE/VALUE	PLAN LOAN	NET PLAN VALUE	IN THE NAME OF	ACCESS DATE
TOTAL TO PAGE 1							

* INCLUDES I.R.A. ACCOUNTS, KEOGH, 401(K), FULLY VESTED BENEFIT PLANS, ETC.

SCHEDULE 6- NOTES PAYABLE (Exclude mortgages listed in Schedules 7 & 8)							
DUE TO	ORIGINAL AMOUNT	PRESENT BALANCE	RATE	MATURITY	PAYMENT TERMS	CURRENT? YES OR NO	COLLATERAL**
TOTAL TO PAGE 1							

**IF YOU ARE A CONSUMER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWER'S NAME IN THIS COLUMN.

SCHEDULE 7- REAL ESTATE OWNED (Including partnership interests)

#	LOCATION, SIZE IMPROVEMENTS	YEAR ACQUIRED	COST & IMPROVEMENTS	MARKET VALUE	RELATED DEBT (Mark "*" by amount if not personally liable)					ANNUAL INCOME	TAXES CURRENT? YES OR NO
					PRESENT BALANCE	LIENHOLDER	MATURITY	RATE	ANNUAL PAYMENTS		
HOMESTEAD- TOTAL TO PAGE 1											
1										XXXX	
OTHER WHOLLY OWNED REAL ESTATE											
2											
					TOTALS TO PAGE 1						

PARTIAL OWNERSHIP IN REAL ESTATE	%										
YOUR PORTION OF MARKET VALUE AND DEBT					TOTALS TO PAGE 1						

REGARDING SCHEDULES 7 AND 8, IF THE AMOUNT OF DEBT WHICH CAN BE LEGALLY ENFORCED AGAINST YOU EXCEEDS YOUR % OWNERSHIP, PLEASE DETAIL IN SCHEDULE 9.

SCHEDULE 8 - OIL AND GAS INTERESTS (Including partnership interests)

LOCATION, DESCRIPTION, TYPE OF INTEREST AND SOURCE OF VALUATION	%	YEAR ACQUIRED	DATE OF VALUATION	PRESENT VALUATION	RELATED DEBT (Mark "*" by amount if not personally liable).					NET OPERATING REVENUE	TAXES CURRENT? YES OR NO
					PRESENT BALANCE	LIENHOLDER	MATURITY	RATE	ANNUAL PAYMENTS		
1											
2											
3											
4											
5											

SCHEDULE 9 - CONTINGENT LIABILITIES

INSTRUCTIONS: STATE TOTAL AMOUNT BY TYPE OF LIABILITY AND PROVIDE APPROPRIATE DETAIL IN THE SPACE BELOW.

1. AS GUARANTOR OR ENDORSER		5. STANDBY LETTER OF CREDIT	
2. ON LEASES OR CONTRACTS		6. LIABILITY IN EXCESS OF % IN PARTIALLY OWNED ASSETS	
3. LEGAL CLAIMS OR JUDGEMENTS		7. TAX LIABILITY IF ASSETS SOLD AT STATED VALUES	
4. INCOME TAX CLAIM OR DISPUTED AMOUNT		8. OTHER	

TYPE #	NAME OF PARTY RECEIVING BENEFIT	OBLIGATION AMOUNT, TIMING OF PAYMENTS	EXPLANATION; INCLUDE WHETHER YOU ANTICIPATE HAVING TO HONOR THIS LIABILITY	MATURITY OR EXPIRATION DATE

BUSINESS IN WHICH I AM A PARTNER, OFFICER, PRINCIPAL OWNER, ETC.	NATURE OF BUSINESS	BUSINESS' BANK ACCOUNT

I understand that the following questions are addressed to me and I have answered them as appropriate.

Yes No 1. Are any of the Assets held in trust, in an estate or in any other name of capacity?

Yes No 2. Were any of the Assets (i) owned or claimed by your spouse before marriage; or (ii) acquired by your spouse during marriage by gift or inheritances; or (iii) recovered for personal injuries sustained by your spouse during marriage; or (iv) acquired from the proceeds of liquidation of any of the preceding?

Yes No 3. Are any of your real estate properties used by you in your business?

Yes No 4. Do any of your Assets secure any debts which have not been reported in the preceding schedules?

Yes No 5. Are you a party to any suit or are there any unsatisfied judgments against you?

Yes No 6. Have you been through bankruptcy or made an assignment for benefit of creditors?

I have explained fully under "Additional Remarks" on this page any "Yes" answers to the foregoing questions.

Yes No 7. I have made a will; the executor is _____

ADDITIONAL REMARKS
