

FINANCIAL:

01/02

Present Annual Income:		Personal	Total Family	Liabilities	Personal	Total Family
Salary:	_____	_____	_____	Accounts Payable:	_____	_____
Bonus:	_____	_____	_____	Notes Payable:	_____	_____
Commissions:	_____	_____	_____	Unpaid Taxes:	_____	_____
Benefits:	_____	_____	_____	Unpaid Interest:	_____	_____
Interest and Dividends:	_____	_____	_____	Mortgage Payable (Home):	_____	_____
Other:	_____	_____	_____	Other Mortgages and Liens Payable:	_____	_____
TOTAL INCOME:	_____	_____	_____	Other Credit Cards:	_____	_____
Assets:						
Cash On Hand:	_____	_____				
Securities:	_____	_____				
Accounts Receivable:	_____	_____				
Notes Payable:	_____	_____				
Real Estate (Home):	_____	_____				
Real Estate (Other):	_____	_____				
Receivable Mortgages:	_____	_____				
Personal Property:	_____	_____				
Insurance Cash Value:	_____	_____				
Other:	_____	_____				
TOTAL ASSETS:	_____	_____				
			TOTAL LIABILITIES: _____			

Indicate exact amount of capital available for this business _____

If needed, note items in the above statement which you plan to convert to cash _____

If the required amount is not available, how would the investment be obtained? (Explain in detail) _____

REFERENCES: (Please stipulate if any of the following may not be contacted)

Business

1) Name _____ Address _____ Telephone (____) _____

2) Name _____ Address _____ Telephone (____) _____

Personal

1) Name _____ Address _____ Telephone (____) _____

2) Name _____ Address _____ Telephone (____) _____

Bank

1) Name _____ Address _____ Telephone (____) _____

2) Name _____ Address _____ Telephone (____) _____

What source prompted your inquiry? _____

Use this space for any additional information concerning yourself _____

The undersigned hereby consents to Visage Cosmetics conducting or causing to be conducted, such personal investigation of the undersigned as it may from time to time deem necessary with respect to this Financial and Qualification Report.

Signed _____ Date _____