

MARTIAL ARTS SCHOOL INFORMATION

Please provide us with the following information so that we may provide you with the best service possible.

Name of School: _____

DBA, if applicable: _____

How is your company organized? (Please circle one) Corporation Partnership Sole Proprietorship

If Corporation, TAX ID#: _____ E-mail Address: _____

List All Officers, Partners or Owners:

Name	_____	_____	_____
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Title	_____	_____	_____
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Years in Martial Arts	_____	_____	_____
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Years with this School	_____	_____	_____
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Please list all school locations:

Street Address	_____	_____	_____
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City, State, Zip	_____	_____	_____
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Phone number	_____	_____	_____
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Fax number	_____	_____	_____
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# years this school has been open	_____	_____	_____
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# of students	_____	_____	_____
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Landlord or Mortgage Holders name	_____	_____	_____
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I hereby attest that the information provided within this document is true and correct to the best of my knowledge.

Signature: _____

Date Signed: _____

Printed Name: _____

Title: _____

Performance Equity Partners, Inc.

19450 S. 97th Avenue
P.O. Box 239
Mokena, Illinois 60448-0239
Toll Free - (877) 334-3606
Local - (708) 478-8678
Fax - (708) 478-6568

PERSONAL STATEMENT OF FINANCIAL CONDITION

Each Officer, Partner or Owner must complete one of these forms.

Legal Name: _____ Social Security Number: _____

Home Street Address: _____ Date of Birth: _____

City, State, Zip: _____ Home Phone Number: _____

Years at this residence: _____ Is Home Owned or Rented? _____

Annual Income from Martial Arts: _____

Other Income? Source: _____ Amount: _____

Source: _____ Amount: _____

_____ ASSETS _____ LIABILITIES _____

Total Cash and Bank Accounts \$ _____ Total Mortgages on Real Estate \$ _____

Total 401K, IRA, Retirement \$ _____ Total Auto Loans \$ _____

Total Stocks, Bonds, etc. \$ _____ Total Credit Cards \$ _____

Value of Real Estate Owned \$ _____ For all other debts owed, list name of creditor and
balance owed. Attach separate page, if necessary.

Value of School Assets \$ _____ \$ _____

Motor Vehicles and Boats \$ _____ \$ _____

All other Personal Property \$ _____ \$ _____

TOTAL ASSETS \$ _____ TOTAL LIABILITIES \$ _____

NET WORTH \$ _____
(Total Assets minus Total Liabilities)

Performance Equity Partners, Inc. is hereby authorized to verify the correctness of this information and to procure any other information it may require to appraise this Personal Statement of Financial Condition. The undersigned represents and warrants that the information contained in this statement is the entire credit history of the undersigned and is true and correct and that the information concerning the debts and obligations of the undersigned are the only debts and obligations of the undersigned.

Signature: _____ Date Signed: _____

Printed Name: _____ Title: _____

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