

BUSINESS BROKERS of FLORIDA
FINANCIAL STATEMENT – STRICTLY CONFIDENTIAL

BBF

(Tab Between Fields)

Name: _____ **Date:** _____
Address: _____
City: _____ **ST:** _____ **Zip:** _____ **Phone:** _____

ASSETS

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

LIABILITIES

Notes Payable: \$ _____
Liens on Real Estate: \$ _____
Other Liabilities Itemized Below: _____
\$ _____
TOTAL LIABILITIES: \$ _____

NETWORTH = TOTAL ASSETS MINUS TOTAL LIABILITIES: \$ _____

SOURCE OF INCOME

Salary: \$ _____
Dividends and Interest: \$ _____
Bonus and Commissions: \$ _____
Real Estate Income: \$ _____
Other Income: \$ _____
TOTAL INCOME: \$ _____

**It is understood that this information will be held in strict confidence by the Broker, its agents and officers.
The undersigned certifies that this information is true and correct.**

Signature: _____ ***Date:*** _____