STATEMENT OF FINANCIAL WORTH FOR COMMERCIAL AMBULANCE AND AIR-AMBULANCE SERVICES

Name of Service:					
D.B.A.:					
Address:					
Amount of annual payroll: \$			# Attendants:	_	# other:
Bank with:					
1. Name:					Checking Loan
Address:					Savings Payroll
2. Name:					Checking Loan
Address:					Savings Payroll
Assets:					
Real property				\$	
Equipment and supplies				\$	
Vehicles				\$	
Cash on hand				\$	
Cash in Bank				\$	
Accounts receivable				\$	
Estimated income	per month \$		Annual Total	\$ \$	
Liabilities:		per month			annual Equipment:
	\$			\$	
Vehicles:	\$			\$	
Accounts payable:	\$			\$	
Operating expenses:	\$			\$	
Other:	\$			\$	
			Total	\$	
		Tota	l Net Worth	\$	
Signed:				Γitle:_	
·	(Blue ink)				
Address:					Phone: