

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 \$ _____
Total Net Worth \$ _____

Signed: _____, Title: _____

(Blue ink)

Address: _____ Phone: _____