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# Supporting Financial Information

## Schedules 1 - 3

TEXAS OFFICE OF CONSUMER  
**CREDIT COMMISSIONER**

To be submitted with "Financial Statement (ADM17)"

*If additional space is needed, attach a document identifying all required information noted below.*

First Name

Middle Name (Full)

Last Name

As of Date:

*Must match "As of" date on ADM17*

Entity Name or Name of Owner/Sole Proprietor  
 (as identified in Application for License)

### Sched. 1: Cash on Deposit

Exact Name & Mailing Address of Bank or Other Depository	Account Name Account No.	Account Type	Amount	Any Restrictions on Withdrawal

### Sched. 2: Accounts, Loans, & Notes Receivable

Description	Principal Amount	Security	Term	Acquisition Date	Rate of Fin. Charge	Delinquency Rate

