

## **Schedule of Business Debt**

## Instructions

To be completed by applicant business owner. Please list all outstanding debts of the business and provide all requested information.

Business Name			As of Date*		☐ If your business has <u>no</u> outstanding debts, please check this box and sign and date at the bottom of the page							
Lender / Debtor	Type of Debt Credit Card, Line of Credit, Term Loan, etc.	Refinance Do you plan to payoff this debt with loan proceeds? (Y/N)	Original Date	Original Balance or Credit Limit	Term (Months)	Interest Rate	Current Balance **	Monthly Payment	SBA Is this an SBA Ioan? (Y/N)	Current or Past Due	Original Purpose of Debt Equipment Purchase, Operational Expenses, Debt Refinance, etc.	Specific Collatera Securing Debt
*Must be same date as the cur **Individual and total balances				ed		<del>Total</del>	\$ -	\$ -				
I certify the information abo the Applicant's business a										ach debt to	be refinanced were used	exclusively for
Signature			Date									