

Business Debt Schedule

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*
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☐ If your business has no 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 loan? (Y/N)	Current or Past Due	Original Purpose of Debt Equipment Purchase, Operational Expenses, Debt Refinance, etc.	Specific Collateral Securing Debt
							Total	\$ -	\$ -			

*Must be same date as the current interim financial statement provided

***Must be same date as the current interim financial statement provided**

****Individual and total balances must match the current interim balance sheet provided**

X _____
Signature

Date