

# Business Debt Schedule



Company Name	Month Ending (MM/YYYY)*
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\* Total must agree with balance shown on interim balance sheet

Does the Applicant have any business debt? (If yes, complete the following.)  Yes  No

List below all business debts, term loans, lines of credit, shareholders notes, capital leases, etc. Do not include accounts payables

Creditor	Original Date	Original Amount	Present Balance*	Monthly Payment*	Interest Rate	Maturity Date	Collateral/ Security
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
<b>Total Balance</b>			\$0.00	\$0.00			

**Other debt questions**

Are any of the above debts to be refinanced with the proceeds of this loan? If yes, which ones:  Yes  No

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Are any of the above debts SBA Loans? If yes, which ones:  Yes  No

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Have you had any previous SBA Loans?  Yes  No