

Business Debt Schedule



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|---------------------|--------------------------------|
| Company Name | Month Ending (MM/YYYY)* |
|---------------------|--------------------------------|

* Total must agree with balance shown on interim balance sheet

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|---|--|
| Does the Applicant have any business debt? (If yes, complete the following.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

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

| Creditor | Original Date | Original Amount | Present Balance* | Monthly Payment* | Interest Rate | Maturity Date | Collateral/ Security |
|---------------|---------------|-----------------|------------------|------------------|---------------|---------------|----------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| Total Balance | | | | | | | |

OTHER DEBT QUESTIONS

| | |
|---|--|
| Are any of the above debts to be refinanced with the proceeds of this loan? If yes, which ones: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any of the above debts SBA Loans? If yes, which ones: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any previous SBA Loans? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

