



## Business Debt Schedule

Company Name: \_\_\_\_\_

Month Ending (MM/YYYY)\*: \_\_\_\_\_

\*Total must agree with balance shown on interim balance sheet

Does the Applicant have any business debt? (If yes, then complete the following)  YES

YES

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)							
<b>Total Balance</b>			\$ -	\$ -			

**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