

Business Debt Schedule

Small Business Lending

Business name: _____

Complete the table below by identifying all business debt (excluding any personal debt). Please use a separate form for each independent business entity.

Creditor name	Creditor type <i>Loan, Line or Credit Card</i>	Note date <i>Open date (mm/yyyy)</i>	Current balance <i>Outstanding</i>	Commitment amount <i>Loan/line/credit card limit balance</i>	Monthly payment	Interest rate	Collateral <i>(if applicable)</i>	Purpose
			\$	\$	\$	%		
			\$	\$	\$	%		
			\$	\$	\$	%		
			\$	\$	\$	%		
			\$	\$	\$	%		
			\$	\$	\$	%		
			\$	\$	\$	%		
			\$	\$	\$	%		
			\$	\$	\$	%		

Authorized signer **X** _____

Print name: _____

Date: _____
(mm/dd/yyyy)