



**SCHEDULE OF BUSINESS DEBT
AS OF DATE _____**

BUSINESS NAME:	BC LOAN #
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Fields in **Bold Font** are mandatory. Please include lines of credit that currently have a zero balance

CREDITOR	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE*	MONTHLY PAYMENT	INTEREST RATE	MATURITY DATE
1.						
2.						
3.						
4.						
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21.						
22.						
23.						
24.						
25.						
TOTALS						

* Individual and Total Balances must match the current balance sheet

Signature

Date

Title