

Schedule of Business Debt



Company Name	As of Month Ending:
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Please list below all business fixed debt, lines of credit, shareholder's notes and capital leases.

Creditor Name	If LOC, Credit Limit	Balance	Payment	To be Paid?	
	\$ -	\$ -	\$ -	Yes	No
	\$ -	\$ -	\$ -	Yes	No
	\$ -	\$ -	\$ -	Yes	No
	\$ -	\$ -	\$ -	Yes	No
	\$ -	\$ -	\$ -	Yes	No
	\$ -	\$ -	\$ -	Yes	No

Does the Company have any affiliates? Yes No (If yes, please provide Creditor information below)

Affiliate Name: _____

Creditor Name	If LOC, Credit Limit	Balance	Payment	To be Paid?	
	\$ -	\$ -	\$ -	Yes	No
	\$ -	\$ -	\$ -	Yes	No
	\$ -	\$ -	\$ -	Yes	No
	\$ -	\$ -	\$ -	Yes	No
	\$ -	\$ -	\$ -	Yes	No
	\$ -	\$ -	\$ -	Yes	No

Prepared by: _____
Signature of Company Representative

Date: _____