



# SCHEDULE OF BUSINESS DEBT AS OF DATE \_\_\_\_\_

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

<b>Creditor</b>	<b>Original Date</b>	<b>Original Amount</b>	<b>Present Balance*</b>	<b>Monthly Payment</b>	Interest Rate	Maturity Date
1.						
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24.						
25.						
<b>TOTALS</b>						

\* Individual and Total Balances must match the current balance sheet.

Signature	Date	Title
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