



**Preferred Capital
Funding**

Business Debt Schedule

770-648-8100 Phone

1-800-319-4736 Fax

Company Name _____ Date (Same as Interim Balance Sheet) _____

This schedule should include loans, contracts/notes payable and lines of credit – not accounts payable or accrued liabilities.

CREDITOR NAME/ADDRESS	ORIGINAL DATE	ORIGINAL AMOUNT	TERM OR MATURITY DATE	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	COLLATERAL	WHAT WAS LOAN FOR?
Total Present Balance (Total must agree with balance shown on Interim Balance Sheet)								

This is certified to be correct to the best of my knowledge this _____ day of _____ 20____

Signature/Title