



Lender	Type of Debt (Credit Card, Term Loan, etc.)	Refinance (Yes or No)	Original Date	Original Balance/ Credit Limit	Term (Months)	Interest Rate	Current Balance	Monthly Payment	SBA (Yes or No)

\*Please include all EIDL or PPP loans

\*If you pay your credit cards off in full each month, please still include them in this schedule.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Signature