Griffin Capital Funding

Business Debt Schedule **Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.**

Business Name:_____ *As of_____, 20____ *Should match the financial statement to be submitted.

Creditor Name/address	Original amount	Original date	Present balance	Interest rate	Maturity date	Monthly payment	Security	Current or delinquent
		Total present balance**			Total monthly payment			

**Total must agree with balance shown on current financial statement

Signature:_____ Title:_____ Date Signed:_____