PREMIER CAPITAL CORPORATION
Fostering the Success of Indiana Business

Attachment 1
Front

SBA 504
Business
Debt Schedule

Business Debt Schedule

List all existing business debts

Date _____
Should be same as current financial statements

Creditor Name & Address	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Security	Current or Delinquent

TOTAL PRESENT BALANCE: _____ TOTAL PAYMENTS: _____

Total must agree with balance shown on current financial statement

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SBA 504 Government Debt Schedule

Government Debt Schedule

Applicant certifies below ANY government financing received by any **principals** or **affiliate** companies, including names of the agency, the original date and amount, the outstanding balance, status of the loan (current, delinquent or paid in full), and collateral securing the loan. In addition, Applicant confirms no loss to the U.S. Government on any previous loan, if applicable.

Borrower Name	Agency Name	Original Balance	Original Amount	Current Balance	Status	Collateral/$ Guarantee	Gov't Loss

CDC verified loan payment status with lender:

Signature of applicant

Title

Date

CDC signature

Title

Date

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