



Please return this information to:
 Vantage West Credit Union
 Attn: Business Banking Department
 P.O. Box 15115
 Tucson, AZ 85708

BUSINESS DEBT SCHEDULE

BUSINESS NAME: _____

Complete the table below by identifying all business debt (excl. personal debt). Please use a separate form for each business entity.

| Creditor Name | Loan Type: Mortgage, Loan, Line, Credit Card | Maturity Date | Current Balance | Commitment Amount | Monthly Payment | Interest Rate | Collateral Description: Address, Serial #, Type, etc. | Are you requesting to Refinance? Yes / No |
|---------------|---|---------------|-----------------|-------------------|-----------------|---------------|--|--|
| | | | | | | % | | |
| | | | | | | % | | |
| | | | | | | % | | |
| | | | | | | % | | |
| | | | | | | % | | |
| | | | | | | % | | |
| Totals | | | | | | | | |

AUTHORIZATION I authorize Vantage West Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand false statements may result in forfeiture of benefits and possible prosecution.

Signature: _____

Date: _____