

## Debt Service Schedule

Payable to Banks:	Amount of	Frequency:	Balance	Collateral Description
Name of Bank	payment	Mthly/Ann/Semi Ann/ Quarterly	Remaining	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
Payable to other finance sources - including leases	Amount of Payment	Frequency Mthly/Ann/ Semi Ann/ Quarterly	Balance Remaining	Collateral Description
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

## **Totals:**

Total Balances remaining	\$
Total monthly payments	\$
Total annual payments	\$
Total semi annual or quarterly payments	\$

## <u>Please return by Fax or</u> Mail

Fax: 704.895.8856

Mail: 19410 Jetton Road

**Suite 120** 

Cornelius, NC 28031

The above statement is true and correct to the best of my knowledge.				
X				
Signature	Date			