



ARKANSAS DEVELOPMENT FINANCE AUTHORITY

COMPANY DEBT SCHEDULE

Name and Address of Lender	Original Balance	Current Balance	Monthly Payments	Interest Rate	Note Date	Maturity Date	Description of Collateral Securing the Loan

Borrower(s) initial _____ and date _____ this page (use blue ink)

I authorize the Arkansas Development Finance Authority to make inquiries as necessary to verify the accuracy of the statements made and to determine my/our creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated dates.

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 may be a violation of Federal Law.

The undersigned certifies that the information provided in this Company Debt Schedule (all-inclusive) is true and correct.

Company Name: _____

Date: _____

(Signature)

(Title)