GLOBAL FUNDING, INC.
Phone: (770) 565-9411 ♦ Fax: (770) 565-7288

NAME OF APPLICANT: _____

DEBT SCHEDULE: **Please furnish the following information on all installment debts, contracts, notes, and mortgages payable for each existing Franchise location. ***Indicate by an asterisk the items to be paid by the loan proceeds.**

Lender/Lessor: (Contact/Phone/Account #)	Opening Date:	Original Amount:	Current Balance:	Monthly Payment:	Term (Years)	Interest Rate:	Balloon/ Residual	Secured by:	Store #

Totals: _____ / _____

Information as of _____ (Date)

SIGNATURE: _____ DATE: _____