

**BUSINESS SCHEDULE OF LIABILITIES
NOTES PAYABLE TO BANKS OR OTHERS**
Please complete this schedule for all business debt not held with LANB.

Legal Business Name:

Tax ID#:

Physical Address:

Contact Person:

Contact Phone:

Mailing Address:

PAYABLE TO	ORIGINATION DATE	PURPOSE	COLLATERAL	MATURITY DATE	ORIGINAL AMOUNT OF NOTE	INTEREST RATE	PAYMENT AMOUNT	PAYMENT FREQUENCY (Monthly, Quarterly etc.)	CURRENT BALANCE OWED
					\$		\$		\$
					\$		\$		\$
					\$		\$		\$
					\$		\$		\$
					\$		\$		\$
					\$		\$		\$
TOTAL							\$0		\$0

REPRESENTATIONS AND SIGNATURES

TO LOS ALAMOS NATIONAL BANK: I hereby affirm that this a true, complete, and correct statement of my financial condition as of this date. I understand that under 18 U.S.C. 1014 the penalty for misrepresenting any information on this statement is a fine of not more than \$5000, imprisonment of not more than two years, or both, and that other criminal and civil penalties may apply. I understand and agree that you may verify, use, and rely on the information submitted herein for extending financial accommodations to me. You are hereby authorized to receive and dispense credit information regarding your credit experience with me.

X _____ Date

_____ X _____ Date