

Business Real Estate Rent Schedule

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Furnish the following information on all real estate rental properties used and/or paid for by the business. Do not include equipment rents, any personal rents or any rents received for properties where the business is a landlord.

Company name

| Lessor and/or Property Address | Original Lease Date | Monthly Lease Amount | Final Lease Maturity | Will this lease payment cease if this real estate transaction closes? | If yes, indicate the date of the last lease payment and the annual taxes and insurance on this property. |
|-----------------------------------|---------------------------|----------------------------|----------------------------|---|---|
| Lessor name | | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address | | | | | |
| City, State ZIP | | | | | |
| Lessor name | | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address | | | | | |
| City, State ZIP | | | | | |
| Lessor name | | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address | | | | | |
| City, State ZIP | | | | | |
| Lessor name | | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address | | | | | |
| City, State ZIP | | | | | |
| Lessor name | | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address | | | | | |
| City, State ZIP | | | | | |
| Lessor name | | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address | | | | | |
| City, State ZIP | | | | | |
| Lessor name | | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address | | | | | |
| City, State ZIP | | | | | |
| Lessor name | | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address | | | | | |
| City, State ZIP | | | | | |
| Lessor name | | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address | | | | | |
| City, State ZIP | | | | | |
| Total monthly lease payments | | \$ | | | |

Your signature

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date given below. You authorize Oxford Business Capital or our assigns to verify or check any of the information given.

X

Applicant

Please be aware that your application is not considered submitted until Oxford Business Capital acknowledges receipt.

Date