

COMMERCIAL FUNDING NETWORK, INC.

Independent Financing For Your Business Growth

Schedule of Owned Equipment

Company Name: _____

Vendor Name	Invoice Date Invoice No. (a)	Description	Serial No. (b)	Amount Paid	Estimated Current Value (c) min \$ 7,500
<i>ABC Medical Equipment</i>	<i>August 200x # 3500</i>	<i>2007 Diagnostic Model 12345</i>	<i>Xx123vvv5678</i>	<i>\$24,500</i>	<i>\$19,000</i>

(a) Please attach copies of invoices to schedule

(b) The serial number of each unit will be verified and inspected prior to funding

(c) The individual piece of equipment should have a current minimum value of \$7,500

