



Lender Fee Payment

Guarantee Fee
Care & Preservation of Collateral (CPC) Fee
Review Fee

Financial Institution Name:

Financial Institution Address:

(City)

(State) (Zip)

Contact Name: Telephone: Ext:

PLEASE SELECT PAYMENT TYPE

Guarantee Fee CPC Fee Review Fee

SBA Loan Number:

AMD # (CPC Only)

SBA Invoice # (Review Fee Only)

Customer # (Review Fee Only)

Fee Amount Paid: \$