



# Lender Fee Payment

Guarantee Fee  
Care & Preservation of Collateral (CPC) Fee  
Review Fee  
7a Repair Fee (T/C 375)

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Financial Institution Name:

Financial Institution Address:

(City)

(State)  (Zip)

Contact Name:  Telephone:  Ext:

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## PLEASE SELECT PAYMENT TYPE

Guarantee Fee     CPC Fee     Review Fee     7a Repair Fee (T/C 375)

SBA Loan Number:

AMD # (CPC Only)

SBA Invoice # (Review Fee Only)

Customer # (Review Fee Only)

Fee Amount Paid: \$