

U.S. SMALL BUSINESS ADMINISTRATION

Guaranty Loan Status & Lender Remittance Form

Check box if lender information reflects changes

Check box if secondary market payment reported is a late payment or prepayment

Lender's Name: Colson Services Corp. Lender's Street Address: 2 Hanson Place, 7th Floor
Lender's City, State, Zip: New York, NY 10271 Lender's Contact Person: Customer Service Representative
Contact Person's Telephone No.: Contact Person's Fax No:

Month Ending: _____

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O
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D

Table with columns: SBA GP Number, Lender Loan Number, Next Installment Due Date, Status (4-9), Amt Disbursed this Period on Total Loan, Amount Undisbursed on Total Loan, Interest Rate, Guar. Portion Interest, Guar. Portion Principal, Total to FTA Guar. Portion Pymt or Fee, Interest Period From To, # of Days, Calendar Basis, Guar. Portion Closing Balance, Remittance Penalty (if any), 1. Sold Loans

Status Codes table with 2 columns: Code and Description (e.g., 4 Deferred, 7 Transferred)

Grand Total: 0.00
Check/Wire Amt: 0.00

PLEASE NOTE: The estimated burden for completing this form is 1 hour per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0185). PLEASE DO NOT SEND FORMS TO OMB.

