



DEPARTMENT 503/504 Work-Up Request Form

Date: _____ Page 1 of _____

To: Work-Up Control Phone: 800.225.4285 Fax: 212.313.0163

CSC E-mail Address: 504department@colsonservices.com

From: _____ Phone: _____ Fax: _____

E-mail Address: _____

CDC Name: _____ CDC #: _____

REQUEST FOR INFORMATION ON THE FOLLOWING LOAN:

SBA Loan #: _____

Loan Program (Please select by double clicking on the appropriate box): 503 504

SBC Name: _____

Original Loan Amount: \$ _____ Issue Date: _____

Semi-Annual Dates: _____

REQUEST TYPE(s):

Assumption Prepayment Estimate as of _____

Prepayment Actual Payoff Date: _____ Liquidation/Litigation

Catch-Up Plan (Please Include Details) Bring Loan Current

Transcript/Transfer Automatic Payment Processing (APP)

Prepayment Amount for Bankruptcy Court, Scheduled _____

Other (Please describe) _____

Please complete all of the required information, so that we may process your request as quickly as possible.

Thank you.