

EXPORT-IMPORT BANK OF THE UNITED STATES
**APPLICATION FOR SPECIAL BUYER CREDIT LIMIT (SBCL)
 UNDER MULTI-BUYER EXPORT CREDIT INSURANCE POLICIES**

App. No. _____
 (Ex-Im Bank Use Only)

(Please Print or Type)

1. Insured/Exporter Name: Policy No.: _____ State: _____ Attn.: _____ Tel No.: _____ Fax No.: _____ E-Mail: _____	2. Broker (If none, state "None") Brokerage: _____ Broker No.: _____ Attn.: _____ Tel No.: _____ Fax No.: _____ E-Mail: _____
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3. Reason for Application on this Buyer:
- | | |
|---|---|
| <input type="checkbox"/> Policy carries no Discretionary Credit Limit (DCL) | <input type="checkbox"/> Amount requested exceeds DCL |
| <input type="checkbox"/> Country Limitation Schedule restricts your DCL in this market | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Renewal/Increase/Amendment of existing SBCL-Existing Final Shipment Date | |

4. Buyer Name and Address: _____ File No. _____
 (Ex-Im Bank Use Only)

5. Guarantor Name and Address (If any): _____ File No. _____
 (Ex-Im Bank Use Only)

6. (a) Products New Used (if used, attach Used Equipment Questionnaire EIB92-63).
 (b) Products Description _____
 (c) Is each product produced or manufactured in the United States? Yes No
 (d) Has at least one-half of the value, exclusive of price mark-up, been added by labor or material exclusively of United States origin?
 Yes No
 (e) Are products listed on the United States Munitions List? (part 121 of Title 22 of the Code of Federal Regulations) Yes No

7. (a) Exporter and/or manufacturer name and address if other than insured: _____

8. (a) Credit Limit requested \$ _____

(b) Payment terms requested _____

9. (a) Summary of credit experience with this buyer during current year and past two years, including uninsured experience:

Total sales each year	\$ _____	\$ _____	\$ _____
Highest amount outstanding at any time during the period	\$ _____	\$ _____	\$ _____
Payment terms	_____	_____	_____

(b) Describe buyer's payment history (check one)
 No prior experience Prompt/Discount 1-30 days slow 31-60 days slow more than 60 days slow

(c) Amount now owing \$ _____, as of _____ (Date).

(d) Amount now past due (indicate maturity dates and explanation). \$ _____

(e) If past dues are due to foreign exchange problem does insured have evidence of local currency deposit on all payments due?
 Yes No Not Applicable

(f) If buyer is new account, indicate whether negotiating sales or \$ value of orders already received \$ _____

10. Describe any direct or indirect ownership interest or family relationship which exists between the insured and the buyer (or guarantor) or

between the supplier and the buyer (or guarantor). if none, state "None".

11. CREDIT AND FINANCIAL INFORMATION REQUIREMENTS * for Credit Limit Applications of:

Up to \$50,000: Credit Agency Report, or Trade Reference

\$50,001 to \$100,000: Credit Agency Report and Trade Reference

\$100,001 to \$300,000: Credit Agency Report and 2 Trade References

The Buyer's audited or signed unaudited financial statements for the last 2 fiscal years may be substituted for the trade references.

\$300,001 to \$1million: Credit Agency Report and 2 Trade References and the Buyer's audited or signed unaudited financial statements for the last 2 fiscal years with notes.

over \$1 million: Credit Agency Report and 2 Trade References and a Bank Reference and the Buyer's audited or signed unaudited financial statements for the last 3 fiscal years with notes.

* The applicant's credit experience with the Buyer as completed in Question 9 may be substituted for a Trade Reference.

If fiscal year end statements are dated more than 9 months from the date of the application, the Buyer's interim statements must be submitted. All references and credit reports must be dated within 6 months of the application and show prompt credit experience for similar amounts and similar terms as described in Ex-Im Bank's Short Term Credit Standards for Buyers.

If the Buyer has a Market Rating you may submit the rating and date in place of the Credit and Financial Information.

If a Financial Institution (Bank) is the Buyer or a Guarantor or if a letter of credit is used no Credit and Financial Information is necessary.

NOTE: See Short Term Credit Standards (EIB99-09) for Buyers to determine the likelihood of approval.

12. CERTIFICATION OF PRODUCT USE AND REPRESENTATIONS:

a) The applicant hereby certifies to the Export-Import Bank of the United States that, to the best of its knowledge and belief, the products* and services to be exported in the transaction described herein are principally for use as indicated below. (When a sale is made to entities such as distributors primarily for resale, the principal user is considered to be the original purchaser (the distributor), and part A should be checked. If, however, the applicant has knowledge or reason to believe that the products will be re-exported from the original buyer's country, please check part B.) A [] By the buyer in the country specified above.

B [] If not, name country where product will be principally used _____ and by whom _____.

* NOTE: The Borrower, Guarantor, Buyer and End User must be foreign entities in countries for which Ex-Im is able to provide support, see Ex-Im's Country Limitation Schedule (CLS) at www.exim.gov . There may not be trade measures against them under Section 201 of the Trade Act of 1974, see http://dockets.usitc.gov/eol/public/ click on 201. There may not be trade sanctions in force against them. For a list of products and countries with Anti-Dumping or Countervailing Duty sanctions see http://205.197.120.60/oiv/sunset.nsf/AllDocID/96DAF5A6C0C5290985256A0A004DDE7D.

b) The applicant certifies that the representations made and the facts stated by it in the application for the special buyer credit limit are true, to the best of its knowledge and belief, and that it has not omitted any material facts. The applicant agrees that the representations and facts shall form the basis of the credit limit if issued and that the truth of such representations and facts contained herein shall be a condition precedent to any liability of Ex-Im thereunder. The applicant understands that this certification is subject to the penalties for fraud provided in Article 18, United States Code, Section 1001.

By _____ Signature of Insured/Exporter Print Name and Title Date

Name of Umbrella Policy (EUS-)Administrator or EBS/EBM Policyholder (if any)

By _____ Signature Print Name and Title Date

Note: Please answer all questions and sign application. Applications not completely filled out or not submitted with required financial and credit information will be withdrawn.

**Send, or ask your insurance broker, administrator, bank policyholder or city/state participant to review and send, this application to Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.
The Ex-Im Bank website is < <http://www.exim.gov>>**