

EXPORT-IMPORT BANK OF THE UNITED STATES
EXPORTER'S APPLICATION FOR SHORT-TERM SINGLE-BUYER POLICY App No.: _____

(Please Print or Type) (Ex-Im Bank Use Only)

1. Applicant 2. Broker (If none, state "None")

Name:	Brokerage:	Broker Number:
Address:	Attn.:	Tel No.:
Attn.:	Tel No.:	E-Mail:
Fax No.:	E-Mail:	

3. Qualification for Coverage. Will the applicant: a) Have title to the products at the time they are shipped? Yes No
 b) Be directly invoicing the Buyer? Yes No
 (If you answered no to either you may not be eligible for coverage. Consult your broker, City/State Program participant or Ex-Im)

4. Buyer Name and (full) Address (no Post Office Box nos.) File No.: _____
 (Issuing Bank for Letter of Credit transactions) (Ex-Im Bank Use Only)

5. Guarantor Name and Address (If none, state "None") File No.: _____
 (Ex-Im Bank Use Only)

PART I - INFORMATION ABOUT THE APPLICANT Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09) Exporter for New Policyholder to determine the likelihood of approval.

6. If you have submitted this information within the past twelve months provide the policy no. _____; otherwise attach the following:
 a) Your SIC Code (if known) _____ b) Total Employees _____ c) Total Sales _____
 d) Tax ID #: _____ e) DUNS #: _____ f) Congressional District: _____
 g) Indicate (Not Required) if owned by a Woman, or an Ethnic Minority, describe _____
 h) Credit agency report dated within 6 months of the application. If unavailable, please attach check for \$35.00 to assist in covering Ex-Im Bank's cost in ordering a report.

	Year	_____	_____
i) Total export sales		\$ _____	\$ _____
j) Total export sales (excluding cash in advance and confirmed irrevocable letter of credit transactions) during your last 2 fiscal years:		\$ _____	\$ _____

k) Years exporting on credit terms: _____
 l) Attach the collection procedures your company follows in the event your foreign customers become past due.
 7. What is your primary reason for applying for this policy? Risk mitigation To obtain financing Other attach explanation.
 8. Have you applied for, or received the benefit of, a U.S. Small Business Administration or Ex-Im Bank program such as a Working Capital Loan Guarantee or Insurance Policy approval? (Enhanced Assignments are not available to exporters benefitting from an Ex-Im Bank or US Small Business Administration Working Capital Loan Guarantee) No Yes (describe agency, program outcome and status): _____
 9. If requesting an "Enhanced Assignment" check here and attach the following (refer to Ex-Im Bank's Short Term Credit Standards EIB99-09 Exporters for Enhanced Assignments to determine the likelihood of approval):

- A bank reference dated within 6 months of the application.
- 2 trade references dated within 6 months of the application.
- Financial statements as follows:

<u>Limit of Liability</u>	<u>Minimum Requirement</u>
\$500,000 or less	signed by an authorized officer for the applicant
\$500,001 - \$999,999	reviewed by a CPA with notes attached
\$1,000,000 or more	audited by a CPA with opinion and notes attached.

PART II - INFORMATION ABOUT THE TRANSACTION

10. Check one: Firm Order Negotiating Sale Responding to Invitation to Bid
 11. a) Products New Used (If used, attach Used Equipment Questionnaire)
 b) Name and Description of Products*: _____
 c) Is each product produced or manufactured in the United States? Yes No If no explain: _____
 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 If no, explain: _____.
- e) Will any value be added to the product after export from the U.S.? No Yes If yes, explain: _____.
- f) Are products listed on the United States Munitions List? (Part 121, Title 22, Code of Federal Regulations) Yes No
- g) Has this transaction been considered by any other export credit insurer? No Yes If yes, attach an explanation.

* 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/oinv/sunset.nsf/AllDocID/96DAF5A6C0C5290985256A0A004DEE7D>.

12. **SUPPLIER.** The "supplier" is the U.S. entity which produces the items and/or performs the services to be exported. Check if the supplier is also the **9** exporter or complete the following: (Ex-Im use only: File #: _____)

Supplier Name: _____ Phone #: _____
 Contact person: _____ Fax #: _____
 Position Title: _____ E-Mail: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____
 Taxpayer ID #: _____ Duns #: _____ Congressional District: _____
 Fiscal year ended (mo. & yr.): _____ Gross sales revenue in last fiscal year: \$ _____ # of employees: _____
 Standard Industrial Code of business: _____ Indicate (Not Required) if owned by a **9** Woman or **9** Ethnic Minority, describe: _____

13. a) **Payment terms** requested _____
 b) Debt instrument (if any) _____
 c) Expected frequency of shipments: Single shipment Multiple shipments under one sales contract.
 d) If single shipment, the expected date of shipment _____, or
 if multiple shipments, the period required to make shipments from _____ to _____
 e) Total shipment volume to be insured \$ _____
 f) If multiple shipments, the expected highest amount outstanding during shipment period \$ _____
 g) Other security/guarantees available. If none, state "None". _____.
14. Coverage type required: Commercial/Political Political Only
15. Pre-shipment Coverage (complete only if coverage is requested) **NOTE:** Additional premium will be charged for this cover.
 a) Has contract of sale been executed? Yes No Date or estimated date: _____
 b) Estimated period between date of contract and final shipment date of products: _____
 c) Attach schedule of any progress payments made or to be made by buyer during pre-shipment period or None.
 d) What risk is of primary concern to you during the pre-shipment period? _____

PART III - INFORMATION ABOUT THE BUYER Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09) Buyers: for Financial Institutions, letter of credit transactions, for Financial Institutions non-letter of credit transactions, and for Non-Financial Institution Buyers to determine the likelihood of approval. Attach the following information:

16. a) Market Rating: _____ Rating Agency: _____ Date: _____ **OR**
 b) A credit report on the buyer, and guarantor (if any) not older than 6 months from date of application **and**
 2 (1 if the credit limit is \$100,000 or less) Trade Reference forms (EIB99-14) dated within 6 mos of the application **and**
 If the credit limit is \$300,001 or more, audited or unaudited signed financial statements with notes on the buyer, and guarantor (if any) for the last: 2 fiscal years if the credit limit is \$300,001 to \$1million, or
 3 **audited** fiscal years if the credit limit is \$1,000,001 or more.
 (Credit and financial information should be on the issuing bank if terms are letter of credit)
17. When did you last visit the buyer? _____
18. a) Summary of credit experience (insured and uninsured) with this buyer during current year and past 2 years:
- | | | | |
|--|----------|----------|----------|
| Total Sales Each Year | \$ _____ | \$ _____ | \$ _____ |
| Highest Amount Outstanding During Period | \$ _____ | \$ _____ | \$ _____ |
- Payment Terms _____
- b) Describe buyer's payment history (check one)
 No prior experience Prompt/Discount 1-30days slow 31-60days 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 problems, does applicant have evidence of local currency deposits on all payments due? Yes No Not applicable.

19. Describe any direct or indirect ownership interest or family relationship which exists between the applicant and the buyer or guarantor. If none, state "None." _____

21. **PART IV The Applicant (it) CERTIFIES and ACKNOWLEDGES to the Ex-Im Bank (the Bank) that:**

a) it is (check one): (1) a corporation organized and existing under the laws of the United States, or a jurisdiction thereunder, or
(2) an individual or partnership resident in the United States; or
(3) a foreign corporation, partnership or individual registered to do business in the United States, OR
(4) it has received a written statement of exception from the Bank and attached it to this certification, permitting participation in the transaction despite an inability to make certifications 1, 2 or 3.

b) to the best of its knowledge and belief, the products and services to be exported in the transaction described in this application 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 item (1) should be checked. If, however, it has knowledge or reason to believe that the products will be re-exported from the original buyer's country, please complete item (2): (1) By the buyer in the country specified above. (2)

If not, name the country (ies) where products will be principally used: _____ by whom: _____

c) it undertakes to carry on its business with due care in financing exports hereunder, and in regard to the conditions of the contract and the

trustworthiness of the exporter and buyer.

d) (1) neither it nor its principals has been within the past 3 years:

(a) debarred, suspended or declared ineligible from participating in or voluntarily excluded from participation in a Covered Transaction or

(b) formally proposed for debarment, with a final determination still pending;

(c) indicted, convicted or had a civil judgement rendered against them for any of the offenses listed in the **Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule** which defines Covered Transaction.

(d) It certifies that it is **not delinquent** on any amounts due and owing to the U.S. Government, its agencies or instrumentalities as of the date of this application. **OR**

(2) It has received a written statement of exception from the Bank and attached it to this certification, permitting participation in the transaction

despite an inability to make certifications a through d..

It further certifies that it has not and will not knowingly enter into any agreements in connection with the transaction with any individual or entity

that has been subject to a, b or c above.

e) it will complete and submit **Form-LLL, Disclosure Form to Report Lobbying** if, to the best of its knowledge and belief, **any funds have been paid**

or will be paid to any person in connection with this application for influencing or attempting to influence:

(1) an officer or employee of any U.S. Government agency, or

(2) a Member of Congress or a Member's employee, or

(3) an officer or employee of Congress. *This does not apply to commissions paid by the Bank to insurance brokers.*

f) it has not, and will not, engage in any activity in connection with this Policy that is a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC Sec. 78dd-1, et seq.) which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business. To the best of its knowledge, the performance by the parties of their respective obligations covered or to be covered under this Policy does not and will not violate any applicable law.

g) (1) the information being requested is done so under authority of the **Export-Import Bank Act of 1945** (12 USC 635 et. seq.);

(2) providing the information is mandatory. **Failure to do so** may result in the Bank being unable to determine eligibility for the Policy. The information provided will be reviewed to determine if the participants' ability to perform and pay under the Policy.

(3) the Bank may not require the information and applicants are not required to respond unless a currently valid OMB control number is displayed on this form (see upper right of each page);

(4) the information provided will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed under applicable laws;

(5) transfer of financial records included in this application to private parties or another U.S. Government authority will not be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).

(6) the **public burden** reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send **comments** regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

h) the representations made and the facts stated by it in these certifications and its attachments **are true, to the best of its knowledge and belief, and**

it has not misrepresented or omitted any material facts. The applicant agrees that such representations and facts shall form the basis of

and be incorporated in the Policy, if issued, and that the truth of such representations and facts and the due performance of each and every undertaking contained herein above shall be condition precedent to any liability of Ex-Im Bank thereunder. It further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001).

(Signature)

(Print Name and Title)

Date

Send, or ask your insurance broker 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> >

Please complete: The applicant was informed about Ex-Im by: An Ex-Im Regional Office: _____

An Ex-Im City/State Partner: _____ A U.S. Export Assistance Center: _____

A Broker: _____ A Bank: _____ A

Local Development Authority: _____ Other (specify): _____