

OMB No.: 3048-0003  
Expires February 29, 2004

(SBA Use Only) Date Received C.I.D. No. <input type="checkbox"/> Intermediary	U.S. SMALL BUSINESS ADMINISTRATION EXPORT-IMPORT BANK OF THE UNITED STATES JOINT APPLICATION FOR WORKING CAPITAL GUARANTEE	(Ex-Im Bank Use Only) Date Received
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**PART A. PRINCIPAL PARTIES**

<b>1. Borrower/Exporter</b> Please circle the appropriate answer: New to Ex-Im Bank or SBA? <b>Yes</b> <b>No</b>						
Company Name		D&B No.		Telephone No.		
Name and Title of Contact Person		Federal ID No.		Fax No.		
Address		City	State	Zip		
Gross Sales \$	No. of Full-Time Employees	Primary SIC Code <b>OR</b> North American Industrial Classification System No. (NAIC)			Products/Goods/Services to be exported (Description)	
	Small Business as stipulated by SBA Guidelines?    Yes      No	*Minority-Owned?    Yes                      No *Women-Owned?    Yes                      No				
<b>Management</b> (Proprietors, partners, officers, directors and holders of outstanding stock -100% of ownership must be shown). (Attach separate sheet of paper if necessary.)						
Name and Social Security Number		Complete Address	% owned	*Military Service From:                      To:	*Race **	*Sex
*This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application. **Please use one of the following categories: 1) American Indian/Alaska Native; 2) Black/African American; 3) Asian; 4) Native Hawaiian/Pacific Islander ; 5) White; 6) Ethnicity Hispanic; 7) Not Hispanic.						
<b>Affiliate(s)</b> (If more than one, please attach list on separate sheet of paper.)						
Company Name		D&B No.		Telephone No.		
Name and Title of Contact Person		Federal ID No.		Fax No.		
Address		City	State	Zip		
<b>2. Personal Guarantor(s)</b> (If more than one guarantor, please attach separate sheet of paper.)						
Name		SSN		Telephone No.		
				Fax No.		
Address		City	State	Zip		

<b>3. Lender</b> Please circle the appropriate answer: New to Ex-Im Bank or SBA? <b>Yes</b> (If yes, submit annual report.) <b>No</b>			
Name		Federal ID No.	Telephone No.
			Fax No.
Address		City	State                      Zip