

- (2) For ☐ **non-sovereign public** or ☐ **private** buyers/guarantors on which comprehensive cover is requested, provide the following:
- (a) Market Rating: \_\_\_\_\_ Rating Agency: \_\_\_\_\_ Date: \_\_\_\_\_, **OR**
- (b) ☐ A bank reference not older than 6 months from date of application **and**
- (i) ☐ 2 Ex-Im Bank Trade Reference forms (EIB99-14) dated within 6 months of the application **and**
- (ii) ☐ For a credit limit up to \$1 million, the last 2 fiscal year end audited or signed unaudited financial statements with notes.  
☐ For a credit limit over \$1 million, provide 3 fiscal year end audited statements with notes and the most recent interim statements with notes if the last fiscal year end is more than 9 months prior to application.
- (3) ☐ The applicant's credit memorandum on the buyer/guarantor.
- (4) Have you visited the buyer/guarantor? ☐ No ☐ Yes, if yes give date: \_\_\_\_\_ and attach a copy of your call report.

**4. GUARANTOR:** The "guarantor" is the entity which agrees to repay the credit if the borrower does not. Complete the information below and provide the information in 3.b. if the credit is based on the guarantor. (Ex-Im use only: File #: \_\_\_\_\_)

This guarantor is ☐ Sovereign, ☐ Non-Sovereign Public Sector, or ☐ Private Sector.

Guarantor Name: _____	Duns #: _____
Contact person: _____ Phone #: _____	Fax #: _____
Position Title: _____	E-Mail: _____
Street Address: _____	City: _____
State/Province: _____ Postal Code: _____	Country: _____

**5. For SUPPLIER CREDITS only:**

**NOTE:** You are **not** required to fill out this section for **Buyer Credits** but, if any information is known, please complete in a, b and c.

**a. EXPORTER:**

The "exporter" is the entity which contracts with the buyer for the sale of the U.S. items and services. (Ex-Im use only: File #: \_\_\_\_\_)

Exporter 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 <input type="checkbox"/> Woman or <input type="checkbox"/> Ethnic Minority, describe: _____

If "Documentary" cover is desired, check here ☐ and attach the following unless the exporter submitted it within the past 6 months for Policy No. \_\_\_\_\_. Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09) Exporter Standards for an Enhanced Assignment to determine the likelihood of approval of documentary cover if the exporter, using the US Small Business Administration guidelines, is a small business.

- (1) ☐ A bank reference on the exporter dated within 6 months of the application **and**
- (2) ☐ 2 trade references on the exporter dated within 6 months of the application **and**
- (3) The last 2 fiscal year financial statements of the exporter as follows:
- |  |  |
|--|--|
| <u>Claim Payment Limit</u> (Credit Limit x % of cover) | <u>Minimum Requirement</u>                       |
| <input type="checkbox"/> \$500,000 or less             | signed by an authorized officer of the exporter  |
| <input type="checkbox"/> \$500,001 - \$999,999         | reviewed by a CPA with notes attached            |
| <input type="checkbox"/> \$1,000,000 or more           | audited by a CPA with opinion and notes attached |

**NOTE:** The net worth, including subordinated shareholder debt, of the exporter must be at least 20% of the Claim Payment Limit.

**b. 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 ☐ exporter or complete the following:

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

**c. PRODUCTS:** All applicants should note that there are specific United States content requirements for all transactions and that exporters are required to complete an Exporter's Certificate form EIB-94-07 for "Documentary" cover.

- (1) Products: ☐ New ☐ Used (If used, complete and attach Used Equipment Questionnaire, EIB-92-63)
- (2) Description of products\*: \_\_\_\_\_