

EXPORT-IMPORT BANK OF THE UNITED STATES
APPLICATION FOR EXPORT CREDIT INSURANCE
FINANCING OR OPERATING LEASE COVERAGE

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

(Please Print or Type)

1. Applicant Name and Address, use 9 digit zip code

2. Broker Name and Number

Attn.: Telephone No.: Fax No.: E-Mail:	(If none, state "None") Brokerage: Broker No.: Attn.: Tel No.: Fax No.: E-Mail:
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3. Lessee Name and full Address

(If mailing address is a P.O. Box, also provide street address)

File No.: _____
 (Ex-Im Bank Use Only)

4. Guarantor Name and Address (If none, state "None")

File No.: _____
 (Ex-Im Bank Use Only)

(Please complete Parts I, II, III, IV and V for prompt processing of your request.)

PART I -- INFORMATION ABOUT THE APPLICANT

5. Please attach the following information

- Your most recent published annual report or financial statements (balance sheet and income statement) signed by company officers. If on file, please indicate. ☐
- Recent (within 12 months) credit agency report on applicant. If unavailable, please attach check for \$35.00 to cover the Export-Import Bank of the United States' (Ex-Im Bank's) cost in ordering a report. If you have submitted this report or \$35.00 to Ex-Im Bank during the past 12 months, please indicate and the requirement will be waived. ☐

6. Nature of business (e.g., manufacturer, independent leasing company, leasing subsidiary of a bank, etc.):

7. Years engaged in: a) Leasing within your country _____ b) Leasing outside your country _____

8. a) Total leases and sales during the current and past two years: _____
 Within your country \$ _____ \$ _____ \$ _____
 Outside your country \$ _____ \$ _____ \$ _____

b) Total Employees: _____ c) Standard Industrial Classification (SIC) Code (if known): _____

d) Tax ID #: _____ e) DUNS #: _____ f) Congressional District: _____