

OMB #3048-0009  
Expiry Date 10/31/03 Ex-Im Bank Logo

## 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.:	Fax No.:	E-Mail:
Fax No.:	Tel 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.  
i) Total export sales Year \$ \_\_\_\_\_ \$ \_\_\_\_\_  
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: Limit of Liability Minimum Requirement  
\$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**