



APPLICATION FOR SPECIAL BUYER CREDIT LIMIT (SBCL) SHORT-TERM MULTI-BUYER EXPORT CREDIT INSURANCE POLICIES

An online version of this application is available on EXIM's web site. EXIM encourages customers to apply online to facilitate our review and provide customers a faster response time. Additional information on how to apply for EXIM insurance can be found at EXIM's web site www.exim.gov.

Send this completed application to EXIM, 811 Vermont Ave NW, Washington, D.C. 20571. EXIM will also accept emailed PDF and faxed applications. EXIM will not require the originals of these applications to be mailed. The application must be a PDF scan of the original application and all required documents (fax number: 202.565.3380, email: exim.applications@exim.gov)

Instructions: Check the [Country Limitation Schedule](#) to see if EXIM is open for coverage in the country of your buyer, the guarantor (if any), or the buyer's end user. Check the [EXIM Convicted Parties List](#) to determine if there are any prohibitions or restrictions on your ability to insure a transaction. Credit Information required is based on the requested amount. See the [EXIM Short Term Credit Standards](#) to determine the credit and financial information requirement related to your application.

Policyholder

Name of Policyholder _____ Policy Number: _____ State: _____
Contact Person: _____ Title: _____
Phone: _____ Email: _____ Fax: _____

Brokerage _____

Buyer

Buyer Legal Name: _____
Contact Person: _____ Title: _____ Email: _____
Business Address: _____ City: _____ State/Province: _____
Postal Code: _____ Country: _____ Phone: _____ Fax: _____
Website: _____

Guarantor (If applicable)

Guarantor Legal Name: _____
Contact Person: _____ Title: _____ Email: _____
Business Address: _____ City: _____ State/Province: _____
Postal Code: _____ Country: _____ Phone: _____ Fax: _____
Website: _____

Reason for this Application:

- ☐ Policy carries no Discretionary Credit Limit (DCL) ☐ Amount requested exceeds DCL
☐ Country Limitation Schedule restricts DCL in this market ☐ Renewal/Increase/Amendment of existing SBCL-Existing Final Shipment Date
☐ Other _____

Related Parties:

Do you have any ownership interest in or familial ties with the buyer? ☐ Yes ☐ No

If Yes, please comment. Note: If there is direct or indirect ownership, coverage is typically limited to political risk only.

Products:

Are the products: ☐ New ☐ Used If used, attach Used Equipment Questionnaire EIB-22-88

Will the products be shipped directly to the buyer in the buyer's country? ☐ Yes ☐ No

If no, please comment.

Is the buyer purchasing your products for resale to another country(ies)? ☐ Yes ☐ No

If Yes, please comment.

Limit and Terms

Buyer Credit Limit Requested: \$

What amount are you prepared to ship now? \$

What amount of downpayment (if any) is offered or required? \$

What effective date do you require for the SBCL?

Select the payment terms you will extend to the buyer:

<u>Transaction Type</u>	<u>Maximum Tenor</u>
☐ Open Account	☐ Sight
☐ Cash Against Documents (Sight only)	☐ 1 – 30 days
☐ Unconfirmed Irrevocable Letter of Credit	☐ 31 – 60 days
☐ Promissory Note	☐ 61 – 90 days
☐ Documents Against Acceptance (Sight only)	☐ 91 – 120 days
☐ Documents Against Payment	☐ 121 – 180 days
	☐ 181 – 270 days
	☐ 271 – 360 days

Policyholder's Experience with the Buyer

Does the Policyholder have an experience with the buyer? ☐ Yes ☐

Year of first sale to the buyer (YYYY):

Any prior sales to the buyer on credit terms?
(exclude Cash-in-Advance and Letter of Credit
Sales. If No, skip the rest of this page)

☐ Yes ☐ No

Year of first credit sale to the buyer (YYYY):

Enter the credit experience information below:

<u>Yearly Credit Experience</u>	<u>Current Year</u>	<u>Prior Year 1</u>	<u>Prior Year 2</u>
From Month/Year (mm/yyyy)			
To Month/Year (mm/yyyy)			
Total Amount Sold:	\$	\$	\$
Total Amount Sold on Credit Terms:	\$	\$	\$
Highest Amount Outstanding for which Policyholder has been paid:	\$	\$	\$
Payment Terms – Transaction Type:			
Term Length/Tenor:			
Amount now owing:	\$		
Payment History:			
If there is any amount past due, enter amount due: \$			
Enter due date:			
Provide reason for past due:			
If past dues are due to foreign exchange problems, does policyholder have evidence of local currency deposits on all payments due?	☐ Yes ☐ No		
Do you hold security on the amounts past due?	☐ Yes ☐ No		
Indicate the type of security held on amount past due:			

CERTIFICATIONS AND SIGNATURE

Please refer to the [Standard Certifications, Covenants and Notices for EXIM Applications](#) EIB 18-CN(3) (the "Standard Certifications"). **THE STANDARD CERTIFICATIONS ARE INCORPORATED INTO THIS APPLICATION AS IF FULLY AND DIRECTLY SET FORTH HEREIN.** When signing this application in the space provided below, the undersigned authorized officer signing on the applicant's behalf certifies and represents that he or she is fully authorized to sign on the applicant's behalf, and that **HE OR SHE HAS READ** the Standard Certifications referenced above **AND IS CERTIFYING AND COVENANTING**, as appropriate, to all of the certifications, acknowledgments and covenants set forth in the Standard Certifications.

Applicant further certifies that the representations made, and the facts stated in this application and its attachments **are true and Applicant has not misrepresented or omitted any material facts.** Applicant further covenants that if any statement set forth in this application or in the Standard Certifications, becomes untrue, or is discovered to have been untrue when made, Applicant will promptly inform EXIM of all such changes or discoveries. Applicant further understands that in accepting or approving this application, EXIM is relying upon Applicant's statements set forth in the application and in the Standard Certifications, and all statements and certifications to EXIM are subject to the penalties for false or misleading statements to the U.S. Government (18 USC § 1001, et. seq.).

I, _____, do hereby certify that I am the duly appointed and qualified
_____ of _____
(Title) (Name of Policyholder)

and that as such I am authorized to execute this application on behalf of _____
(Name of Policyholder)

In witness whereof, I have hereunto signed my name this _____ day of _____, 20 _____

(Signature)

Paperwork Reduction Act Statement: We estimate that it will take you about 1 hour to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to EXIM and the Office of Management and Budget, Paperwork Reduction Project, OMB# 3048-0009 Washington, D.C. 20503.