

## EXPORT-IMPORT BANK OF THE UNITED STATES

### APPLICATION FOR SPECIAL BUYER CREDIT LIMIT (SBCL) UNDER MULTI-BUYER EXPORT CREDIT INSURANCE POLICIES

(Please Print or Type)

App. No. \_\_\_\_\_  
(Ex-Im Bank Use Only)

1. Insured/Exporter Name:		2. Broker (If none, state "None")	
Policy No:	State:	Brokerage:	Broker No:
Attn:	Tel No:	Attn:	Tel. No:
Fax No:	E-Mail:	Fax No:	E-Mail:

3. Reason for Application on this Buyer:

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

4. Buyer Name and Address: \_\_\_\_\_ File No. \_\_\_\_\_  
(Ex-Im Bank Use Only)

5. Guarantor Name and Address (If any): \_\_\_\_\_ File No. \_\_\_\_\_  
(Ex-Im Bank Use Only)

6. (a) Products  New  Used (if used, attach Used Equipment Questionnaire EIB92-63).

(b) Products Description \_\_\_\_\_

(c) Is each product produced or manufactured in the United States?  Yes  No

(d) Has at least one-half of the value, exclusive of price mark-up, been added by labor or material exclusively of United States origin?  
 Yes  No

(e) Are products listed on the United States Munitions List? (part 121 of Title 22 of the Code of Federal Regulations)  Yes  No

7. (a) Exporter and/or manufacturer name and address if other than insured: \_\_\_\_\_

8. (a) Credit Limit requested \$ \_\_\_\_\_

(b) Payment terms requested \_\_\_\_\_

9. (a) Summary of credit experience with this buyer during current year and past two years, including uninsured experience:

Total sales each year	\$ _____	\$ _____	\$ _____
Highest amount outstanding at any time during the period	\$ _____	\$ _____	\$ _____
Payment terms			

(b) Describe buyer's payment history (check one)

- No prior experience
  Prompt/Discount
  1-30 days slow
  31-60 days slow
  more than 60 days slow

(c) Amount now owing \$ \_\_\_\_\_, as of \_\_\_\_\_ (Date).

(d) Amount now past due (indicate maturity dates and explanation). \$ \_\_\_\_\_

(e) If past dues are due to foreign exchange problem does insured have evidence of local currency deposit on all payments due?  
 Yes  No  Not Applicable

(f) If buyer is new account, indicate whether negotiating sales or \$ value of orders already received \$ \_\_\_\_\_

10. Describe any direct or indirect ownership interest or family relationship which exists between the insured and the buyer (or guarantor) or between the supplier and the buyer (or guarantor). If none, state "None".

#### 11. CREDIT AND FINANCIAL INFORMATION REQUIREMENTS

See **Short Term Credit Standards** (EIB99-09) to determine the Credit And Financial Information Requirements in connection with your application.

## CERTIFICATIONS AND SIGNATURE

Please refer to the "Standard Certifications and Covenants for EXIM Applications" set forth in Form [EIB 18-CN](#), posted on the EXIM website at <https://www.exim.gov/tools-for-exporters/applications-forms/complete-list> (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 \_\_\_\_\_  
(Title)  
of \_\_\_\_\_ and that as such I am authorized to execute this application  
(Name of Applicant)  
on behalf of \_\_\_\_\_.  
(Name of Applicant)

In witness whereof, I have hereunto signed my name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

### NOTICES

The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank Act of 1945, as amended (12 USC 635 et. seq.); provision of this information is mandatory and failure to provide the requested information may result in EXIM being unable to determine eligibility for support. If any of the information provided in this application changes in any material way or if any of the certifications made herein become untrue, the applicant must promptly inform EXIM of such changes. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. EXIM may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page). EXIM reserves the right to decline to process or to discontinue processing of an application.

**Paperwork Reduction Act Statement:** We estimate that it will take you about 30 minutes 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# 3048-0019 Washington, D.C. 20503.