# **Working Capital Guarantee Section A - Names and Addresses**

Claim Control No: CAP0001096 (Draft)



(\* An asterisk denotes that a field is a required entry)
Guaranteed Lender Making Demand for Payment

Master Guarantee Agreement (MGA) Number:	Help	*			
Ex-Im Bank Transaction No. ( AP No.):	Help	*			
	Help	*			
Address Line 1:	Help	*			
Address Line 2:	Help	*			
Address Line 3:	Help	*			
City:	Help	*			
State:	Help	*			
Zip Code:		*			
Contact Name:		*			
Phone:	<del>Ha</del>	*			
Fax:		*			
E-Mail:		*			
Current Holder of Original Note					
Who is the current holder of the original note?	Help	* Same as the Guaranteed Lender PEFCO			
Borrower	Borrower				
Name:	<del>(III)</del>	*			
Address Line 1:	<del>(III)</del>	*			
Address Line 2:					
Address Line 3:	Help	*			
Address Eine 3.	Help Help	*			
City:	Help				
	Help Help	*			
City:		*			
City:	fielp fielp fielp	*			

Phone:

Help

Fax:	Help	*
E-Mail:		*

# First Guarantor

Click here if not applicable	Help	Not Applicable
Name:	Help	*
Address Line 1:		
Address Line 2:		*
Address Line 3:	Help	*
City:	Help	
	Help	-
Zip Code:		-
Country		-
Federal Tax ID or SSN:	-	<b>-</b>
Contact Name:	Help	*
Phone:	Help	*
	Help	*
E-Mail:	Help	

# **Second Guarantor**

Click here if not applicable	Help	☐ Not Applicable
Name:	Help	
Address Line 1:		
Address Line 2:	Help	*
Address Line 3:	Help	*
City:	Help	M .
	Help	-
Zip Code:	Help	
Country		
Federal Tax ID or SSN:		*
Contact Name:	Help	*
Phone:	Help	*
Fax:	Help	*
E-Mail:	Help	*

# Third Guarantor

Click here if not applicable	Help	Not Applicable
Name:		

	Help	m
Address Line 1:		A
Address Line 2:		*
Address Line 3:	Help	*
City:	Help	M. Control of the con
	Help	F
Zip Code:		<b>-</b>
Country		<b>F</b>
Federal Tax ID or SSN:		<b>-</b>
Contact Name:	(B)	*
Phone:		*
		*
E-Mail:	Help	*

## Fourth Guarantor

Tourin Guarantor			
Click here if not applicable	<del>(III)</del>	Not Applicable	
Name:	Help	м	
Address Line 1:	Help	#	
Address Line 2:		*	
Address Line 3:		*	
City:			
State:		<b>F</b>	
Zip Code:			
Country	_	F	
Federal Tax ID or SSN:	Help	F .	
Contact Name:		*	
Phone:		*	
Fax:		*	
E-Mail:	Help	*	

# Fifth Guarantor

Click here if not applicable	Help	Not Applicable
	Help	
Address Line 1:		
Address Line 2:		*
Address Line 3:	Help	*
City:	Help	

State:	Help	<b>R</b>
Zip Code:		<b>-</b>
Country		
Federal Tax ID or SSN:		
Contact Name:		*
Phone:	Help	*
Fax:	Help	*
E-Mail:	Help	*

Note: If there are more than five guarantors for this transaction, please mail the name, address, and contact information on these additional guarantors to Ex-Im Bank along with the other required documentation at the following address:

Working Capital Claims Asset Management Division Export-Import Bank of the U.S. 811 Vermont Avenue, NW Washington, DC 20571

To speed your claim, we recommend sending this via overnight mail.