

I. Parties:

Identify the name of the co-financing Foreign Export Credit Agency, and if known, the contact person(s), their phone and fax numbers, and e-mail addresses:

Describe any relationships between any of the parties in the transaction except as described in Attachment E, Credit Information:

II. U.S. Supply Contract/Purchase Order Information:

U.S. Exporter(s)/Supplier(s) With Address

Description of Goods and Services and Amounts

III. Non-U.S. Exporter/Supplier Information in Dollars:

Non-U.S. Exporter(s)/Supplier(s) With Address and Country of Origin

Description of Goods and Services and Amounts

IV. Financed Amount Requested in Dollars (excluding Exposure Fee):

This chart is to be completed with respect to those Goods and Services included in the Supply Contract(s) for which financing is requested from EXIM. See Foreign Content Policy for Medium- and Long-Term Exports: <http://www.exim.gov/policies/content/medium-and-long-term>.

	US Exporters	Non-US Exporters	Total Financed/Insured
1. Content Sourced in the ECA Country	\$	\$	\$
2. Less Excluded Goods & Services (if any)	\$()	\$()	\$()
3. Less Local Costs (if any)	\$()	\$()	\$()
4. Net Contract Price	\$	\$	\$
5. Less Eligible Foreign Content (if any)	\$()	\$()	\$()
6. Net Content	\$	\$	\$
7. Less Cash Payment _____%	\$()	\$()	\$()
8. Local Cost Financing Requested (can be no more than 30% of line 4)	\$	\$	\$
Total Financed/Insured Amount Requested (lines 6 & 8) (excluding Exposure Fee/ Insurance Premium)	\$	\$	\$

V. Other Information

Describe any non-ECA financing for the Supply Contract(s):

Certification:

The applicant consents to, and certifies that it has obtained the consent of the other transaction participants (e.g., borrower, guarantor, lender, exporter, consultants, etc.), to the disclosure by EXIM of any information (including documents) relating to this transaction to the co-financing Foreign Export Credit Agency. If the co-financing Foreign Export Credit Agency shall agree to co-finance (i.e., share in the risk of) the transaction, this consent to release transactional information shall include such information throughout the life of the transaction.

Signed _____ Dated _____

Print Name: _____

Title: _____

Firm Name: _____

Paperwork Reduction Act Statement: We estimate that it will take you about 15 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 # 3048-0037 Washington, D.C. 20503.