



EXIM Bank Date Received:

EXPORT-IMPORT BANK OF THE UNITED STATES
APPLICATION FOR EXPORT WORKING CAPITAL GUARANTEE

APPLICATION INSTRUCTIONS

PART A. PRINCIPAL PARTIES

1. Borrower/Exporter. Complete this section with information on the individual or corporate borrower. Provide the primary North American Industrial Classification System (NAICS) number of the borrower, rather than the product being exported.
2. Borrower's Management. Complete this section for each proprietor, partner, officer, director or other individual owning 20% or more of the borrower, including parent companies. 100% of ownership must be shown. The following are considered "Associates" of the borrower: a. for a sole proprietorship, the sole proprietor; b. for a partnership, all general partners and all limited partners owning 20% or more of the equity of the firm; c. for a corporation, all owners of 20% or more of the corporation and each officer and director; d. for limited liability companies (LLCs), all members owning 20% or more of the company, each officer, director, and managing member; d. any person hired by the business to manage day-to-day operations. All Associates must be shown.
3. Borrower's Affiliate(s). Provide information about all of the Borrower's Affiliates, including owners if Company(ies), and entities with common ownership. See 13 CFR 121.103, 13 CFR 121.107, 13 CFR 121.301, SBA Guidelines and SBA Small Business Compliance Guide: Size and Affiliation.
4. Personal and/or Corporate Guarantor(s). List all individuals and entities that will guarantee repayment of the loan. The personal guarantee of the owner(s) is required in most cases.
5. Lender. Provide information about the Lender.

PART B. INFORMATION ABOUT THE TRANSACTION

Provide type of loan requested, the loan amount, and term and answer all questions in Part B. (See also Checklist item 2 below.)

PART C. CERTIFICATIONS

This section must be signed by an authorized representative of the borrower, each guarantor, and the Lender ("Applicants".)

CHECKLIST OF INFORMATION TO BE ATTACHED FOR NON-DELEGATED AUTHORITY TRANSACTIONS

BACKGROUND	YES	N/A
1. Brief resume of the principals and key employees; history of business; copy of business plan, if available; identify whether sole proprietorship, general partnership, limited liability company (LLC), corporation and/or subchapter-S corporation.		
2. Explanation of use of proceeds and benefits of the loan guarantee, including details of the underlying transaction(s) for which the loan is needed, including country(s) where the buyers are located.		
TRANSACTION	YES	N/A
3. Attach product literature. If applicable, attach description of items if they are nuclear, military, environmental, on the U.S. Munitions Control List, or require an export license.		
4. Copy of letter of credit and/or copy of buyer's order/contract, if required.		
5. Export credit insurance-related material (policy, application, buyer credit limit), if required.		
6. Copy of export license, if required.		
FINANCIAL INFORMATION	YES	N/A
7. Business financial statements (Balance Sheet, Income Statement, statement of Cash Flows) for the last three years, if applicable, supported by the most recent Federal income tax return for the business.		
8. Current financial statement (interim) dated within 120 days of the date of the application filing.		
9. Aging of accounts receivable and accounts payable, as of the same date as #8 above, if required.		
10. All Affiliated Companies – Business Financial Statements (Balance Sheet, Income Statement, Aging of Accounts Receivable and Accounts Payable) for the last completed fiscal year end, as well as current statements no older than 120 days from the date of application filing. In addition, submit signed Federal income tax returns for the last fiscal year end or an extension form if not filed after the due date. Important Requirement – Submit a combined or consolidated financial statement for the current period as well as the last fiscal year end (combining all affiliated companies), eliminating any inter-company transactions (sales, receivables, payables, etc.).		
11. Signed joint personal financial statement(s) of each major shareholder(s)/partner(s), owner(s), of the company (with 20% or greater ownership, including assets and liabilities of both spouses) and their most recent Federal income tax return (not required for venture capital partners). Please redact Social Security numbers.		
12. Estimate of monthly cash flow for the terms of the loan, highlighting the proposed export transaction.		
13. Description of type and value of proposed collateral to support the loan (company assets/export product, i.e., inventory, accounts receivable, other).		
14. Attach credit memorandum prepared by the Lender. Also attach D&B Report and Personal Credit Reports on Principals and Guarantors.		
15. Nonrefundable \$100 application fee by check, or money order or wire transfer, made out to the EXIM Bank.		

PART A. PRINCIPAL PARTIES

1. Borrower/Exporter		New to EXIM Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name		Dba/		
		No. of Years Exporting	Date Business Established	
Telephone No.	Website Address	D&B No.	Federal ID No.	
Name and Title of Contact Person		E-mail Address		
Address (No P.O. Boxes)	County of Business	City	State	Zip+4
Gross Annual Sales Last Year:	No. of Full-Time Employees:	Primary North American Industrial Classification System (NAICS) No.:	"Small Business Concern" as described in SBA Guidelines: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Is the Borrower a minority- owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer		*A veteran-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer		
*A woman-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer		*A disability-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer		
2. Borrower's Management (Proprietors, partners, officers, directors and holders of all outstanding stock or other ownership interests, including parent companies. <u>100% of ownership of Borrower must be shown.</u> Attach separate sheet if necessary.)				
* The gender/race/ethnicity/veteran data is collected for program reporting purposes only. It has no bearing on credit decision. Disclosure is voluntary.				
a) Name (Company, or last, first, middle initial)		% owned	*Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Title/Management Position/Point of Contact		E-mail Address		
Website Address (if applicable)		Complete Address		

Race/Ethnicity* (one or more boxes may be selected.)		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian <input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Military Service Status* <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran		
b) Name (Company, or last, first, middle initial)	% owned	*Gender <input type="checkbox"/> M <input type="checkbox"/> F
Title/Management Position/Point of Contact	E-mail Address	
Website Address (if applicable)	Complete Address	
Race/Ethnicity* (one or more boxes may be selected.)		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian <input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Military Service Status* <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran		
c) Name (Company, or last, first, middle initial)	% owned	*Gender <input type="checkbox"/> M <input type="checkbox"/> F
Title/Management Position/Point of Contact	E-mail Address	
Website Address (if applicable)	Complete Address	
Race/Ethnicity* (one or more boxes may be selected.)		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian <input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Military Service Status* <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran		

3. Borrower's Affiliate(s) If more than one affiliate, please attach separate sheet.				
Company Name				
Telephone No.	Website Address	D&B No.	Federal ID No.	
Name and Title of Contact Person			E-mail Address	
Street Address (No P.O. Boxes)	County of Business	City	State	Zip+4
Number of Employees for Each Affiliate	Annual Sales	Describe Nature of Affiliation		



4. Personal and/or Corporate Guarantor(s) Please attach separate sheet if there are more guarantors.				
a) Name (Company, or last, first, middle initial)			Federal ID No. (if applicable)	
Years in Business (if applicable)			Telephone No.	
Street Address	County of Business		State	
E-mail Address and/or Website Address		City	Zip+4	
Describe Nature of Affiliation with Borrower				
b) Name (Company, or last, first middle initial)			Federal ID No. (if applicable)	
Years in Business (if applicable)			Telephone No.	
Street Address	County of Business		State	
E-mail Address and/or Website Address		City	Zip+4	
Describe Nature of Affiliation with Borrower				

c) Name (Company, or last, first middle initial)		Federal ID No. (if applicable)	
Years in Business (if applicable)		Telephone No.	
Street Address	County of Business		State
E-mail Address and/or Website Address		City	Zip+4
Describe Nature of Affiliation with Borrower			
5. Lender			
Lender Name	Federal ID No.	New to EXIM? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If new to EXIM, submit annual report)</small>	
Name and Title of Contact Person (last, first middle initial)		Telephone No.	Fax No.
Street Address		City	
State	Zip+4	E-mail Address	

PART B. INFORMATION ABOUT THIS TRANSACTION

1. Loan Information			
Loan Amount:	Term of Loan: <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> Other: (specify)		
Type of Loan: <input type="checkbox"/> Revolving <input type="checkbox"/> Transaction Specific <input type="checkbox"/> Transaction Specific Revolving <input type="checkbox"/> Fast Track <input type="checkbox"/> Supply Chain	Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, maximum amount of existing Loan Facility: If yes, amount currently outstanding:		
Interest Rate to be charged (% per annum):	Other Fees or Charges (please enter type and amount):		
If Interest Rate is to be Variable:			
Adjustment Period:	Base Rate:	Base Rate Source:	Spread:
Were you assisted by a City/State entity or a Small Business Development Center? (If yes, please identify:) <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Name	Telephone No.	Website Address	
Street Address	City	State	Zip + 4
Name and Title of Contact Person		Email Address	
2. Transaction Information			
Products (Goods and/or Services) to be exported (description):			

Principle Countries of Export (please identify the top 3 countries):	Estimated Total Export Sales per annum to be supported by this loan:
	U.S. Content Percentage:
Please estimate the number of jobs to be supported by this Loan:	
No. of existing jobs maintained:	No. of additional jobs created:
Are Performance Guarantees or Standby LCs to be issued under this Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Loan to be utilized for Performance Guarantees: %
Will Local Costs be included under this Loan? <small>(Costs incurred in the buyer's country (i.e. local delivery, installation, taxes) eligible for EXIM cover, provided that: U.S. content requirements are met; included within the contracts; do not exceed 15% of export contract; and no local goods are included.)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the USD amount and/or percentage of Local Costs in each invoice or contract? \$ _____ % What is the nature of Local Costs to be supported?

3. Please answer the following questions about the "export items" to be exported from the U.S.

a. Military – Is the buyer or the end user of the export items associated in any way with the military? Are the items to be used by the military, or are they defense articles, or do they have a military application? If yes, please attach a description of the buyer or items as applicable and contact EXIM Bank for approval. Yes No

b. Nuclear – Are the export items to be used in the construction, alteration, operation, or maintenance of the nuclear power, enrichment, reprocessing, research, heavy water production facilities, nuclear fuel reloads, radioisotopes for medical and other use, or the handling, treatment, transportation, or storage of radioactive waste? If yes, please attach a description of the items, and contact EXIM Bank for approval. Yes No

c. Environmental – Are the export items to be used for an environmental project or do they have a perceptible environmental benefit? If yes, please attach a description of the items and identify the sector in which the items are to be used, or the sector of the project. If related to a specific project, identify the project and project location. Yes No

d. Munitions – Are the export items on the U.S. Munitions Control List (Part 121 of Title 22 of the Code of Federal Regulations), or do they require a validated export license from the Bureau of Export Administration? If yes, please attach a description of the items and contact EXIM Bank for approval. If uncertain whether a validated export license is required, written verification from the appropriate licensing agency may be required before loan approval. Yes No

PART C. CERTIFICATIONS

Please sign duplicates of Part C for each Borrower and each Lender.

1. Certifications and Signature

Please refer to the "Standard Certifications and Covenants for EXIM Bank Applications" set forth in Form EIB18-cn, posted on the EXIM Bank website at [<https://www.exim.gov/sites/default/files/forms/eib18-cn.pdf>] (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, acknowledgements 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 Bank of all such changes or discoveries. Applicant further understands that in accepting or approving this application, EXIM Bank is relying upon Applicant's statements set forth in the application and in the Standard Certifications, and all statements and certifications to EXIM Bank 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 _____ [Name of Applicant] and that as such I am authorized to execute this application on behalf of _____ [Name of Applicant].

In witness whereof, I have hereunto signed my name this ____ day of _____, 202_.

Borrower:

Name of Borrower	Name and Title of Authorized Representative (Print)
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Signature

Date

I, _____, do hereby certify that I am the duly appointed and qualified _____ of _____ [Name of Applicant] and that as such I am authorized to execute this application on behalf of _____ [Name of Applicant].

In witness whereof, I have hereunto signed my name this ____ day of _____, 202_.

Lender:

Name of Lender	Name and Title of Authorized Representative (Print)
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Signature

Date

2. Guarantor and Additional Borrower Representations and Certifications

The undersigned, each as authorized representative of the Borrower and the Guarantor(s) (respectively) and on its behalf, each independently make the following certifications:

ALL QUESTIONS MUST BE ANSWERED AND ARE SUBJECT TO VERIFICATION. (If any answer to any of these questions below, except for "g", is "yes," provide complete information separately.)

	Borrower/Associate(s) of Borrower		Guarantor(s)	
	Yes	No	Yes	No
a. Are there any pending or threatened liens, tax liens judgments or material litigation against the:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the Borrower or its Associates(s), or the Guarantor(s) ever filed for protection under U.S. bankruptcy laws? Has either had an involuntary bankruptcy petition filed against it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the Borrower or its Associates(s) or its affiliates, or the Guarantor(s) ever previously requested U.S. Government financing? (This includes student loans and disaster loans.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes to c., is any of the financing currently delinquent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes to c., did any of this financing ever default and cause a loss to the Government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.1. Is the Borrower or any of its Associates or the Guarantor(s) presently subject to an indictment, criminal information, arraignment, or other means by which formal charges are brought in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.2. Has the Borrower or any of its Associates or the Guarantor(s) been arrested in the past six months for any criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.3. For any criminal offense (other than a minor vehicle violation) has the Borrower or any of its Associates or the Guarantor(s) : 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; 5) or been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the Borrower, any of its Associates, or the Guarantor(s) presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is any 50% or more owner of the Borrower more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are the Borrower and all of its Associates and Guarantors U.S. Citizens? If no: Are the non-U.S. citizens lawful permanent resident aliens? <input type="checkbox"/> Yes Provide alien registration #(s) <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Certifications and Signature

Please refer to the “Standard Certifications and Covenants for EXIM Bank Applications” set forth in Form EIB18-cn, posted on the EXIM Bank website at [<https://www.exim.gov/sites/default/files/forms/eib18-cn.pdf>] (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, acknowledgements 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 Bank of all such changes or discoveries. Applicant further understands that in accepting or approving this application, EXIM Bank is relying upon Applicant’s statements set forth in the application and in the Standard Certifications, and all statements and certifications to EXIM Bank 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 _____ [Name of Applicant] and that as such I am authorized to execute this application on behalf of _____ [Name of Applicant].

In witness whereof, I have hereunto signed my name this ____ day of _____, 202_.

Borrower:

Name of Borrower	Name and Title of Authorized Representative (Print)
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Signature

Date

I, _____, do hereby certify that I am the duly appointed and qualified _____ of _____ [Name of Applicant] and that as such I am authorized to execute this application on behalf of _____ [Name of Applicant].

In witness whereof, I have hereunto signed my name this ____ day of _____, 202_.

Guarantor:

Name of Guarantor	Name and Title of Authorized Representative (Print)
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Signature

Date

NOTICE TO APPLICANTS

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 Bank 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 Bank 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 Bank 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 Bank 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 2 hours 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 Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB # 3048-0013 Washington, D.C. 20503.