



EXPORT INSURANCE AGENCY

40 Front Street, Walpole, MA 02081

Tel: 508-668-0982 800-446-7613 Fax: 508-668-7969

Email: mail@eia-global.com

Application for Single Buyer Policy

A. Applicant Information

1.) Applicant's Name and Address: _____

Contact Person: _____ Tel: (____) _____ Fax: (____) _____ Email: _____

B. Buyer Information

1.) Buyers's Name and Address: _____

Contact Person: _____ Tel: (____) _____ Fax: (____) _____ Email: _____

2.) General description of business of Buyer: _____

3.) Name and address of Buyer's corporate parent, if any. Will a parental corporate guarantee be given?

4.) Please attach financial statements and all credit information available on Buyer
(and Guarantor, if applicable), including Applicant's internal credit analysis of Buyer.

5.) Type of Buyer (for example, manufacturer, distributor, retailer, sovereign government entity, subsidiary of Applicant, private corporation, etc.): _____

6.) Does the Applicant sell to related companies of the Buyer? Yes No
If yes, please specify related companies sold to:

Name	Relation to Buyer	Projected Annual Purchases from Applicant	Applicant's Maximum Projected Outstanding Receivables

C. Applicant's Experience with Buyer

1.) Number of years selling to Buyer: _____

2.) Please provide sales and high credit with Buyer over past 4 years and a projection for the next 12 months:

Year:	20__	20__	20__	20__	Next 12 Months
Sales:					
High Credit:					
Losses, if any:					

3.) Credit Limit requested for Buyer: _____

4.) Please describe Buyer's general payment pattern: _____

5.) Expected frequency of shipment(s) (check one): ____ Single Shipment or ____ Multiple Shipments.

A. If Single Shipment:

a) The expected date of shipment: _____

b) Total Contract Value: _____

c) Contract Effective Date: _____

B. If Multiple Shipments:

a) The maximum projected outstanding receivables: _____

b) Total Contract Value (if applicable): _____

c) Contract Effective Date (if applicable): _____

C. Describe Terms of Payment: (Specify the proposed payment schedule and the down payment amount, if any. Identify the documents that will evidence the debt. If Letter of Credit, name opening bank).

6.) Currency in which Buyer will be obligated to pay: _____

7.) If Applicant presently has receivables outstanding from this Buyer and/or any company related to this Buyer, please provide a current aging of receivables:

Date of Aging:	
Amount Current:	
1 to 60 Days Overdue:	
61 to 120 Days Overdue:	
Beyond 120 Days Overdue:	

- 8.) Please provide an explanation for amounts 61 days or more overdue: _____

- 9.) Please provide date and evaluation of Applicant's most recent visit to Buyer.
 Attach Call Report, if available: _____
- 10.) Over the past 4 years has the Applicant financed any portion of its account receivables from this Buyer with a financial institution on a non-recourse basis? _____
- 11.) Has the Applicant ever extended or rescheduled a due date for this Buyer, changed the terms of payment after shipment to this Buyer or put this Buyer on a payment plan? _____
- 12.) Does the Applicant have any knowledge of default, rescheduling or debt renegotiation by the Buyer with relation to its obligations due to other suppliers? _____
- 13.) Does the Applicant have or plan to obtain any form of security on the Buyer (liens, escrow accounts, standby Letters of Credit, personal guarantees of owners, etc.)? _____
- 14.) Has the Applicant ever purchased credit insurance on this Buyer? _____
 If yes, name insurance carrier and state whether any claims were made: _____

D. Signature

Please be advised that the information contained herein and/or attached hereto will be treated as confidential by EIA Global. Unless otherwise instructed by you, the referenced information will be shared with underwriters on a need-to-know basis.

The applicant hereby appoints EIA Global as the broker of record for all matters pertaining to this application. Furthermore, the applicant certifies that the information set forth herein is true and correct to the best of your knowledge and beliefs.

 Authorized Signature of Applicant

 Name of Authorized Signatory (please print)

 Title:

 Date: