Note: The		umented under the revised Master Guar X OF THE UNITED STATES arantee - Acquisition List	Effective Date:	
Exporter'	s Name, U.S. Street Address, Tel./Fax. #s:			
Authorize Supply Co	d Party Providing Information:	Signature:		
	x-Im Bank Credit/Guarantee Number: urchaser:			
services) co	of our knowledge the following is true and accurate, representing th overed under the Credit / Guarantee. • U.S. Procured Goods and Services	e identifiable or most likely procurement (se	ources and description of §	goods and
Reference #	Description of Goods a/o Services (including model, #units if applicable) SIC or NAICS code	Manufacturer & address of manufacture, plus (if different) Exporter & address	USD U.S. Export Value of described Products a/o Services (U.S. Contract Amount)	Est. Date of Shipping or service execution
			\$	
			\$	
			\$	
			-	
			_ \$	

EXPORT-IMPORT BANK OF THE UNITED STATES Long Term Credit / Guarantee - Acquisition List (continuation page U.S. Procured Goods and Services) ____ of ____

RE: Project Name/Identification:

Effective Date:_____

Section A - U.S. Procured Goods and Services (continued)

Reference #	Description of Goods a/o Services (including model, #units if applicable) SIC or NAICS code	Manufacturer & address of manufacture, plus (if different) Exporter & address	USD U.S. Export Value of described Products a/o Services (U.S. Contræt Amount)	Est. Date of Shipping or service execution
			\$	
			\$	
			\$	
			\$	
			\$	
		Net Contract Price : Estimated Foreign Content in Net Contract Price :	\$ \$	

EXPORT-IMPORT BANK OF THE UNITED STATES Long Term Credit / Guarantee - Acquisition List

(continuation page for Local Goods and Services) ____ of ____

Local Cost Provider's Name, Street Address, Tel./Fax. #s:_____

: Project Name/Identification:		Effective Date:	
ection B - Local Goods and Services			
Reference Description of Goods a/o Services (including model, #units if applicable) SIC or NAICS code	Manufacturer & address of manufacture	USD Expected \$ Value of described Products a/o Services	Est. Date of Suppl
		\$	
		\$	
		\$	
		\$	
		_	
	Total Associated Local Costs	s: \$	<u> </u>
ctions A and B have been reviewed and approved by E&E I	Division: Initials:	Date:	