

**EX-IM BANK PARTICIPANT INFORMATION FORM
FOR USE WITH AN EX-IM BANK
MEDIUM-TERM REPETITIVE SALES EXPORT CREDIT INSURANCE POLICY**

*To conform to the requirements of your policy, the information below must be submitted for those transactions supported under the policy. This form must be submitted on every participant (exporter and/or supplier) for each such transaction. This form must be submitted to Ex-Im Bank **within 45 days** of the financing of a shipment for bank policyholders, and of a shipment for exporter policyholders. Please respond to all items and sign the form. Forms not completely filled out will prevent Ex-Im Bank from providing the necessary policy endorsements which implement cover.*

Date: / /
 mo day year

Policy Number: MTR-_____ Name of Policyholder: _____

1. Exporter Information

The "exporter" is the entity which contracts with the buyer for the sale of U.S. items and services.

Exporter Name: _____
Phone #: _____ Fax #: _____
Street Address: _____
City: _____ State: _____ Zip Code (9 digit): _____
Gross sales revenue in last fiscal year: \$ _____ # of employees: _____
Standard Industrial Classification Code (SIC) of business: _____

2. Provide a brief description of the product(s) shipped by the exporter and the intended use of the product by the importer named below: _____

Contract amount: _____

3. Importer Information

Importer Name: _____
Address (City, Country): _____

4. Supplier Information

If the exporter is not the manufacturer, the information required under item 1 must be submitted on each supplier as an attachment. () Not Applicable, or () Attachment(s)

Signature of policyholder's
representative

Print Name and Title

mo day year