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