

REQUEST FOR CREDIT APPROVAL

1 APPLICAN	T INFORMATION		
То	EDC Short Term Insurance	Fax	6 1 3 - 5 9 8 - 2 5 2 5
Attention		Date	month / day / year
From			
Company			
Telephone		Fax	
2 BUYER IDENTIFICATION			
Buyer's Legal Name			
Trade Style (if applicable)			
Address (Street, City, Province, Country and Postal Code)			
Telephone	1 1 1-1 1 1 1-1 1 1 1	Fax	
3 CREDIT DETAILS			
Amount requested \$			
Terms of Payment			
O Up to 90 days O 91 to 180 days O Irrevocable Letter of Credit (ILC)			
○ Cash against documents (CAD) ○ Cash on delivery (COD) ○ Other, please specify			
We will be a second of the sec			
We will have: O Continuous sales OR Only this sale to this Buyer			
4 ORDERS			
Orders are: Tentative Firm Amounts: \$ Shipping dates month I day I year			
5 PAYMENT EXPERIENCE			
Previous payment experience O Yes O No If yes, since when? month I day I year			
Total sales past 12 months \$ High credit \$			
Current outstandings	\$	Due date	month / day / year
Payment experience O Prompt O Slow 1-30 days O Slow 31-60 days O Slow 61-90 days O Over 90 days			
Terms of payment O Same as the request Other, please specify			
6 INFORMATION ON THE BUYER			
By submitting this Request, the Insured acknowledges that the Insurer may obtain a current credit report on the buyer and agrees			
to pay any applicable fees incurred by the Insurer for such report.			
If you have a current credit report or financial information on the buyer, please attach it when you submit this Request.			
If transaction is based on an ILC: Please attach a copy of the ILC along with all amendments if available.			
If the ILC is not currently available, please indicate the following:			
Will ILC be received	○ Before the contract starts OR ○ Before shipment		
Issuing Bank:	Confirm	ning Bank (if appl	icable):
Payment terms of ILC:			