



ACCOUNTS RECEIVABLE PUT OPTION APPLICATION
ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.

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|---|--------|----------------------|--|
| (1) APPLICANT INFORMATION (Prospective Insured/Seller/Lender) | | | |
| Company Legal Name: | | | |
| Company Address: | | | |
| City: | State: | Post Code | |
| Contact Name | | Policy Contact Title | |
| Phone | Fax | E-mail | |
| Detailed Description of purchased products and/or services to be sold/to be purchased <i>(attach project description, if applicable):</i> | | | |

| | | | |
|--|-------|------|---------|
| (2) RISK INFORMATION (BUYER/COUNTERPARTY RISK) | | | |
| Company Legal Name <i>(or Name of Corporate Parent, if providing a guarantee)</i> | | | |
| Company Billing Address | | | |
| City | State | Code | Country |
| Company's Trading or Equity Ticker | | | |

| | |
|---|--|
| Requested \$ Amount? (\$500K minimum) | |
| Terms of payment? (# of days) | |
| Requested Contract Term? (6 mos. Minimum) | |

| | | | |
|-------------|--|--------|--|
| Print Name: | | Title: | |
| Signature: | | Date: | |

ATTACH ANY PAYMENT SCHEDULES AND ADDITIONAL EXPLANATION SUPPORTING THE REQUEST