## **DEBT Collection FORM (USA)**

Actions Requested (check all that apply):

- ? Report a Debt of \$15,000 CAD/USD or more (complete Section A)
  ? Submit a claim (complete Sections A & B)
  ? Collection Services (complete Sections A & C)

## SECTION A - CUSTOMER AND DEBT INFORMATION (all fields are mandatory)

The Customer:				
Customer Name:		Policy No.:	(the "Policy")	
Address:				
Contact Name:		Ema il:		
Telephone Number:		Fax Number:		
Name of Seller (if different that	an Customer):			
The Buyer:				
Buyer Name:				
Addre ss:				
		Email		
Contact Name:		:		
Telephone Number:		Fax Number:		
The Debt (if applicable, indicate	taxes):			
Unpaid Invoice Date	Overdue Amount Owing	Current Amount O	wing	
First:	Excluding Taxes:	Excluding Taxes:		
Last:	HST:	HS T:		
Currency:	GST:	GS T:		
Payment Terms:	Provincial Tax:	Provincial Tax:		

Delivery Terms:	Foreign Tax:		_ Foreign Tax:		
Total Amount Owing Including Taxes:		-			
Amount of Fees/Expenses:	HST:	GST:	PST:	_ Foreign Tax:	
Credit Tool Used:		Credit limit e	established:		Currency:
*Contract Frustration Insurance and Single Buyer	Insurance Policies do no	ot need to complete this sect	ion		
Do you have any goods in inventory or	work in progress rel	ated to this transaction	n? Yes No	0	

228 Park Ave S New York, NY 10003 1-866-394-7984 Fax 613-598-2837 www.edc.ca

DM\_e (0611)

Cashflow Repudiation Export Permit Import Permit Conversion and Transfer Termination of contract War and Related Disturbances    Insolvency	eneral Comments / Experience:			
Cashflow Repudiation Export Permit Import Permit Conversion and Transfer Termination of contract War and Related Disturbances    Insolvency   Date:				
Conversion and Transfer  Termination of contract  War and Related Disturbances  Insolvency Dispute Dispute Details:    Dispute Details:   Dispute	Reason for Delay			
Insolvency Date:	Cashflow	Repudiation	Export Permit	Import Permit
Insolvency Date:	Conversion and Transfer	Termination of contract	War and Related Dis	sturbances
Dispute Dispute Dispute Details:    Player Contacted Directly   Collection Agency   Collection Agency Name:   Complete Address:    Contact Name:   Number:   Has the Collection Agency made any recoveries?   Yes No     St this account presently in litigation? Yes No     Player Contact Name:   Telephone Number:   St this account presently in litigation? Yes No     Player Contact Name:   Telephone Number:     Player Name:   Telephone Number:   Telephone Number:     Complete Address:   Telephone Number:				
Dispute Details:  Dispute Disput	_	——————————————————————————————————————	Case Number:	<del></del>
Details:    Details:	☐ Dispute			Ш
Place Contacted Directly Collection Agency Name: Complete Address:  Contact Name:  Date Placed with Agency:  Has the Collection Agency made any recoveries?  Is this account presently in litigation?  Legal Counsel Retained Firm name: Complete Address:  Lawyer Name:  Telephone Number:  Telephone Number:  Telephone Number:  Telephone Number:  Telephone Number:	Dispute Details:			
Page				
Pile				
Pile				
Pile				
Collection Agency Name:  Complete Address:  Contact Name:  Date Placed with Agency:  Has the Collection Agency made any recoveries?  Is this account presently in litigation?  Legal Counsel Retained  Firm name:  Complete Address:  Lawyer Name:  Telephone Number:  Telephone Number:  Telephone Number:  Telephone Number:  Telephone Number:	ction Taken to Collect the Debt			
Contact Name:  Complete Address:  Contact Name:  Date Placed with Number:  Has the Collection Agency made any recoveries?  Yes No Is this account presently in litigation?  Yes No  Complete Address:  Complete Address:  Lawyer Name:  Telephone Number:  Telephone Number:  Telephone Number:  Telephone Number:  Telephone Number:				
Complete Address:  Contact Name:  Date Placed with Agency:  Has the Collection Agency made any recoveries?  Yes No  Is this account presently in litigation? Yes No  Complete Address:  Lawyer Name:  Telephone Number:  Telephone Number:  Telephone Number:  Telephone Number:  Telephone Number:	_			
Contact Name:    Date Placed with				
Name:    Date Placed with   Number:	Complete Address:			
Name: Number:  File Date Placed with Agency:  Has the Collection Agency made any recoveries? Yes No Is this account presently in litigation? Yes No Is Legal Counsel Retained  Firm name: Complete Address: Telephone Number:	Contact		Talanhana	
Number: Agency:			37 1	
Has the Collection Agency made any recoveries?  Yes No			 h	
recoveries?  Yes No	Number:	Agency:		
Is this account presently in litigation? Yes No Counsel Retained  Firm name:  Complete Address:  Lawyer Name:  Telephone Number:				
Pirm name:  Complete Address:  Lawyer Name:  Telephone Number:				
Firm name: Complete Address: Telephone Number: Telephone Number:		n? Yes No		
Complete Address: Telephone Number: Telephone Number:	_			
Lawyer Name: Telephone Number:				
	Complete Address:			
	Lawver Name:	Telenł	one Number	
? Other, please provide details / comments:	Dun j vi 1 (uiiiv			
	? Other, please provide details /	comments:		

above assignment is not applicable as EDC follows the Quebec rules on legal subrogation.

**Supporting Documentation Required** (not applicable if submitting a claim under the Express Claim Program) Please check and attach pertinent copies of documentation

	Statement of Account	Invoices		Proof of Debt (i.e. purchase orders, contract)
	Proof of Shipment	Relevant Correspo	ondence	
Oth	er Supporting Documentation (if ap	plicable)		
	Credit Information (if no EDC cre	edit approval)		
П	Proof of Insolvency			
	Other			
	omer:ame:		Dat	e:
Ву: _			Da —	te:
N	fame:			
T	itle:			

3 of 5 DM\_e (0611)

Proof of Shi	pment Relevant Corresponder	Other Supporting Documentation (if applicable)
	<b>S WHEREOF</b> , t he parties hereto have caused this of the date first above written.	Agreement tobe duly executed bytheir respective authorized
Custome r:	EXP	ORT DEVELOPMENT USA
By:	Ву:	
Nam e:		Name:
Title:		Title:
Date:		Date:
By:	By:	
Nam e:		Name:
Title:		Title:
Date:		Date:

Invoices

Statement of Account (mandatory)

5 of 5 DM\_e (0611)

Proof of Debt (i.e. purchase orders, contract)