

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: _____ Email: _____
Telephone Number: _____ Fax Number: _____
Name of Seller (if different than Customer): _____

The Buyer:

Buyer Name: _____
Address: _____
Contact Name: _____ Email: _____
Telephone Number: _____ Fax Number: _____

The Debt (if applicable, indicate taxes):

<u>Unpaid Invoice Date</u>	<u>Overdue Amount Owing</u>	<u>Current Amount Owing</u>
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 Owning Including Taxes: _____
Amount of Fees/Expenses: _____ HST: _____ GST: _____ PST: _____ Foreign Tax: _____
Credit Tool Used: _____ Credit limit established: _____ Currency: _____

*Contract Frustration Insurance and Single Buyer Insurance Policies do not need to complete this section

Do you have any goods in inventory or work in progress related to this transaction? ☐ Yes ☐ No

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

DM_e (0611)

General Comments / Experience:

Reason for Delay

Cashflow	Repudiation	Export Permit	Import Permit
Conversion and Transfer	Termination of contract	War and Related Disturbances	
Insolvency	Insolvency Date: _____	Case Number: _____	
<input type="checkbox"/> Dispute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>			
<input type="checkbox"/> Dispute Details:	<div></div>		

Action Taken to Collect the Debt

☐ Buyer Contacted Directly

☐ Collection Agency

Collection Agency Name: _____

Complete Address: _____

Contact Name: _____	Telephone Number: _____
File Number: _____	Date Placed with Agency: _____

Has the Collection Agency made any recoveries?

Yes ☐ No ☐

Is this account presently in litigation? Yes ☐ No ☐

☐ Legal Counsel Retained

Firm name: _____

Complete Address: _____

Lawyer Name: _____ Telephone Number: _____

☐ Other, please provide details / comments:

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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 Correspondence	
Other Supporting Documentation (if applicable)		
Credit Information (if no EDC credit approval)		
<input type="checkbox"/> Proof of Insolvency	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	
<input type="checkbox"/>		
<input type="checkbox"/>		
Customer: _____		
By: _____	Date: _____	
<div></div>	<div></div>	
Name: _____		
Title: _____		
By: _____	Date: _____	
Name: _____		
Title: _____		

Statement of Account (mandatory)

Invoices

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

☐ Proof of Shipment

☐ Relevant Correspondence

☐ Other Supporting Documentation (if applicable)

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed by their respective authorized signatories as of the date first above written.

Customer:

By: _____

Name:

Title:

Date:

By: _____

Name:

Title:

Date:

EXPORT DEVELOPMENT USA

By: _____

Name:

Title:

Date:

By: _____

Name:

Title:

Date: