CA Lic #   0L78061
Office: 800-320-7338
Email: indications@ariglobal.com
Website: www.ariglobal.com

Application Instructions

You will need the following to complete the application:

A.   Sales and loss information for the past 3 years;
B.   Largest single write off each year for the past 3 years;
C.   Buyer name(s), country, city, state, phone, and credit limit;
D.   Current summary aging (Descending high to low by open balance if available)
E.   List of Countries in which you do business.

Check List:

Completed and signed application.
Insured client list with complete name, address, phone, and desired credit limit.
Broker of record letter (on your company letterhead).

Example Broker of record letter:

To Whom It May Concern:

Please be advised that "Company Name" recognizes *ARI* Global as our broker of record regarding our receivable insurance matters.

Assistance/Remit to:

ARI Global, Inc.
412 E. Madison St #1000
Tampa, FL 33602

Office: (813) 288-8680 or (800) 320-7338
Fax :   (813) 288-8682
Website: www.ariglobal.com

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ARIGlobal
Brokers of Accounts Receivable Insurance

PORTFOLIO APPLICATION

I. General Information

A. Legal Business Name _____

B. Address   (physical) _____

               (mailing)_____

C. Contact (name, title) _____

     Phone: (   ) _____-_____   Fax: (   ) _____-_____   E mail: _____

D. List subsidiaries and affiliates for which coverage is requested

     _____

II. Business Description

A. Products and Services to be covered _____

     If products are custom please describe_____

B. Type of business: Manufacturer_____%   Wholesaler_____%   Service_____% Other_____%

     If other, please describe _____

C. % Sold to: Mfr _____%   Whl _____%   Retail _____%   Other _____%

III. Existing Insurance

A. Policy of Insurance or currently negotiating?

     YES   or   NO   with: _____ expiration date: _____

B. Factoring or Invoice discounting arrangement?

     YES   or   NO   with: _____ expiration date: _____

C. Non Recourse Financing?

     YES   or   NO   with: _____ expiration date: _____

D. Floor Planning?

     YES   or   NO   with: _____ expiration date: _____

IV. Sales and Loss Information

A. *Domestic Sales:*

     Number of years selling on credit terms _____ Terms of Sale_____ Maximum Terms _____

Fiscal Year	Domestic Sales	Gross Domestic Bad Debt	Number of Losses	Largest Single Loss (Gross Amount)
____ /___				
____ /___				
____ /___				
YTD				
12 month Projected Sales				

Domestic Accounts Receivable balances for previous four quarters:

Date:	Date:	Date:	Date:
$	$	$	$

Complete Appendix B (Top 10 Buyers), Appendix C (Loss History) and Appendix D (Slow Pay)

B. *Foreign Sales:*

Number of years on credit terms ＿＿＿＿＿＿＿＿＿ Number of years exporting＿＿＿＿＿＿＿＿＿

Terms of Sale ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ Maximum Terms ＿＿＿＿＿＿＿＿＿＿＿＿

Does your company utilize letters of credit?   YES   NO   If yes, how often? ＿＿＿＿＿＿＿＿＿

Does your company utilize purchase orders?   YES   NO   If yes, how often? ＿＿＿＿＿＿＿＿＿

Fiscal Year	Foreign Sales	Gross Foreign Bad Debt	Number of Losses	Largest Single Loss (Gross Amount)
＿＿ /＿＿				
＿＿ /＿＿				
＿＿ /＿＿				
YTD				

12 month Projected Sales ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Foreign Accounts Receivable balances for previous four quarters:

Date:	Date:	Date:	Date:
$	$	$	$

Complete Appendix A (Foreign Sales), Appendix B (Top 10 Buyers), Appendix C (Loss History) and Appendix D (Slow Pay)

Domestic buyer A/R balance

Number of Accounts

＿＿＿ $1,000,000 plus

＿＿＿ $500,000-999,999

＿＿＿ $100,000-499,999

＿＿＿ $50,000-99,999

＿＿＿ $20,000-49,999

＿＿＿ $10,000-19,999

＿＿＿ $1,000-9,999

＿＿＿ Total

Foreign buyer A/R balance

Number of Accounts

＿＿＿ $1,000,000 plus

＿＿＿ $500,000-999,999

＿＿＿ $100,000-499,999

＿＿＿ $50,000-99,999

＿＿＿ $20,000-49,999

＿＿＿ $10,000-19,999

＿＿＿ $1,000-9,999

＿＿＿ Total

Warranty of Undersigned

Signature: ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿   Submitted by:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Name/Title＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿   Organization＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Date:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿, 20＿＿＿＿   Location/Agency Code＿＿＿＿＿＿＿＿＿＿＿＿＿

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CREDIT MANAGEMENT QUESTIONNAIRE

Name of Applicant (Company) _____

I. Department Structure

A. Who are the senior members of the Credit Department, or who is the individual primarily responsible for making credit decisions?

Name	Title	Authority Level	Years of Experience	
			Credit in General	International

B. How many full time credit professionals are in the Credit Department? _____

C. Is credit control centralized at Insured's Headquarters?   YES or NO

   If no, explain _____

D. Are credit controls known to other departments?   YES or NO

E. Is there a written credit procedure?   YES or NO   If yes, please provide.

II. Authority Levels

A. Persons authorized to:

   Approve a credit limit for a new buyer?_____

   Approve an increase in an existing credit limit? _____

   Approve a change in payment terms?_____

    What is the current course of action to take on an overdue situation?

   _____

B. Can anyone within your company overrule a decision by the credit department?   YES or NO

   If yes, who? _____   Has this actually happened?   YES or NO

   If yes, how often?_____

III. Credit Evaluation/Administration

A. Which of the following does your company utilize:

   1. Credit Agency Reports   YES or   NO

      If yes, list Agency(s) _____

      How often are the reports updated and reviewed? _____

   2. Trade References   YES   NO   How often updated?_____

   3. Bank References   YES   NO   How often updated?_____

   4. Audited Financials   YES   NO   How often updated?_____

   5. Other Sources_____

B. For new customers, what information is required to determine the credit worthiness of the buyer?

   _____

C. For existing customers, what information is used when increasing or decreasing a credit line?

   _____

D. Are credit limits recorded in the buyer's credit file and/or in a computerized system?

E. What are the general guidelines when determining credit worthiness? Example: % of tangible net worth or financial ratios _____

F. What is the minimum information required to grant/extend credit in the following circumstances:

No Financial Statement	Increase on Existing Line	Change in Payment Terms

G. How are high-risk buyers identified, and how often are they reviewed?_____

H. Are there regular personal visits made to buyers?   YES   or   NO

   If yes, is a visit report produced?_____

IV. Credit Monitoring

A. How often is an aging produced?_____ Who reviews the aging? _____

B. Before each shipment, how does the credit department make sure the buyer meets the minimum credit approval criteria? _____

C. Accounts Receivable are checked against credit limits:
   1. When orders are received?   YES   or   NO
   2. When orders are ready for shipment? YES   or   NO

V. Collection Practices

A. Which of the following procedures are used for overdue accounts?
   1. Demand by telephone?   YES   NO   If yes, how many days past due? _____
      Is a telephone log kept? YES   NO   Where? _____
   2. Demand letters?   YES   NO   If yes, how many days past due? _____
   3. Stop shipments?   YES   NO   If yes, how many days past due? _____
   4. Collection agency?   YES   NO   If yes, how many days past due? _____
      Who does your company use?_____
   5. Legal action?   YES   NO   If yes, how many days past due? _____

B. 1. What procedures does your company follow to absolutely stop shipments after a buyer is materially past due? _____

   2. What appears in the buyer's file? _____

C. Retention of Title
   1. Is incorporated in contract terms?   YES   or   NO
   2. Is made legally enforceable?   YES   or   NO

Additional Comments on Credit or Collection Procedure:

_____

_____

_____

_____

Warranty

The undersigned understands that the warranties and representations made in this credit questionnaire are subject to the same warranty provisions of the application.

Signature: _____   Submitted by:_____

Name/Title_____   Organization_____

Date:_____, 20_____   Location/Agency Code_____