

Trade Payment Wizard\$(tm)

International Documentary Collection Against Payment

International Documentary Collection Against Payment or "D/P".

An International Documentary Collection Against Payment is a formal request for payment made by a bank on behalf of its customer. The bank acts solely as an agent and assumes no responsibility for the requested payment.

Collection Instructions:

1. Complete the Collection Request Wizard form (use upper case only).
2. Print and sign the International Documentary Collection instructions and Bill of Exchange (Draft).
3. Send the International Documentary Collection and Bill of Exchange to California Bank & Trust for collection.

Date (DD MON YY) - Customer Reference -

Drawer (customer / seller) -

Address (street, district) -

Address (city, state, country) -

Contact (person) -

Tel - Fax - Email -

Documents for Payment Include:

DOCUMENT	Draft	Air Waybill	BoL	N/N BoL	Invoice	Packing List	Certificate of Origin	Insurance	Courier Receipt	Other Documents
ORIGINALS										
DUPLICATES										

Bill of Lading Date(s) (DD MON YY) Bill of Lading No(s)

Draft No (assigned by customer) -

Currency (USD or symbol) - Amount -

Amount (in words) -

Tenor: At (sight or number of days) - [] Days After -

Drawee (buyer) -

Address (street, district) -

Address (city, state, country) -

Tel - Fax - Email -

Drawee Bank (buyer's bank) -

Address (street, district) -

Address (city, state, country) -

Credit Our Commercial Account (Drawer/customer's account):

Account Name - Account Number -

Bank Name - ABA / Bank Transit No -

Address -

Covering Shipment or Reason for Payment:

Special Instructions:

CALIFORNIA BANK & TRUST International Banking Group 550 South Hope Street, 3rd Floor Los Angeles, CA USA 90071 Tel: 213-593-2135 Fax: 213-59-244 Email: IBGops@calbt.com						INTERNATIONAL DOCUMENTARY COLLECTION					
FILE Reference						BANK Reference					
TO BANK AND ADDRESS						DATE			CBT Cost Center:		
WE ENCLOSE THE FOLLOWING FOR COLLECTION						FURTHER INSTRUCTIONS					
DRAFT / CHECK NUMBER						FORWARD TO YOUR CORRESPONDENT					
DRAWN ON						DRAWEE BANK AND ADDRESS					
TEL _____ FAX _____						<input type="checkbox"/> DELIVER DOCUMENTS AGAINST PAYMENT <input type="checkbox"/> DELIVER DOCUMENTS AGAINST ACCEPTANCE <input type="checkbox"/> DO NOT PROTEST PROTEST FOR <input type="checkbox"/> NON PAYMENT <input type="checkbox"/> NONACCEPTANCE <input type="checkbox"/> Your correspondence's charges are to be paid by Drawee(s) <input type="checkbox"/> Your charges are to be paid by Drawee(s) <input type="checkbox"/> Waive all charges if refused by the Drawee and charge them to us <input type="checkbox"/> Do not waive charges					
EMAIL _____											
TENOR			AMOUNT			COLLECT INTEREST FROM DRAWEE(S) If necessary, contact:					
<input type="checkbox"/> PAYABLE AT SIGHT <input type="checkbox"/> PAYABLE ON DATE <input type="checkbox"/> OTHER <input type="checkbox"/> ADVISE NONACCEPTANCE AND/OR NONPAYMENT BY CABLE <input type="checkbox"/> ADVISE PAYMENT BY CABLE											
CREDIT OUR COMMERCIAL ACCOUNT						ACCOUNT NAME _____ ACCOUNT NUMBER _____ BANK NAME _____ BANK ADDRESS _____ BANK ABA/TRANSIT NO. _____					
ACCOUNT NAME _____											
ACCOUNT NUMBER _____											
BANK NAME _____											
BANK ADDRESS _____											
BANK ABA/TRANSIT NO. _____											
DOCUMENT	Draft	Air Waybill	BoL	N/N BoL	Invoice	Packing List	Certificate of Origin	Insurance	Courier Receipt	Other Documents	
ORIGINALS											
DUPLICATES											
COVERING SHIPMENT OF						BOL NO(s)					
SPECIAL INSTRUCTIONS						IBGxIDCrevJ4					
BANK					CUSTOMER						
_____ AUTHORIZED BANK SIGNATURE & TITLE					_____ CUSTOMER'S SIGNATURE & TITLE						
COLLECTION REFERENCE INFORMATION					CUSTOMER NAME & ADDRESS						

CALIFORNIA BANK & TRUST

International Banking Group
550 South Hope Street, 3rd Floor
Los Angeles, CA USA 90071
Tel: 213-593-2135 Fax: 213-593-2144
Email: IBGops@calbt.com

BILL OF EXCHANGE

CBT Customer ID:

California Bank & Trust Bill of Exchange Date _____ No. _____

Place of Drawing _____ At _____ Days After _____

Pay To The Order Of _____

Amount _____

Value Received And Charge To Account Of _____

To: _____ Drawer _____

_____ Authorized Signature _____

_____ Endorsement

_____ Signature