

Ref. No. _____	Place: _____	Date: _____	
At _____			Sight
Pay to the order of _____		U.S.\$ _____	
			U.S. Dollars
<u>Drawee</u> _____		<u>Drawer</u> _____	
_____ Authorized Signature			

Bank Draft

Date: \_\_\_\_\_

Reference Number: \_\_\_\_\_

Sir/Madam: We enclose the following for collection. Please handle this collection in accordance with the Uniform Rules for Collections in effect at the time of this transaction, currently ICC Publication URC 522.

Documents	Comm. Inv.	Cust. Inv.	Neg. B/L	NoNeg B/L	Air Way Bill	Insur. Cert.	Certif. Origin	Draft	Pkg. List	Miscellaneous
O / C										

<p><b>Proceeds:</b> Advise Payment/Acceptance by:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="radio"/> Airmail    <input type="radio"/> Telex    <input type="radio"/> SWIFT         </div> <input type="checkbox"/> Advise dishonor by cable giving reasons.	<p><b>Documents:</b></p> <input type="checkbox"/> Deliver documents against payment if sight draft. <input type="checkbox"/> Deliver documents against acceptance if time draft. <input type="checkbox"/> Documents to be mailed/couriered in two lots. <input type="checkbox"/> Collecting bank may delay presentation until arrival of vessel carrying goods.
<p><b>Charges:</b> Collection charges for:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="radio"/> Our Account    <input type="radio"/> Their Account         </div> <input type="checkbox"/> All charges are payable by drawee - waive if refused. <input type="checkbox"/> All charges are payable by drawee - do not waive. <input type="checkbox"/> A provisional deposit in local currency may be accepted.	<p><b>Protest:</b> Protest Non-Payment/Non-Acceptance. Advise us by:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="radio"/> Airmail    <input type="radio"/> Telex    <input type="radio"/> SWIFT         </div> <input type="checkbox"/> Do not protest.
<p><b>When Paid:</b></p> <input type="checkbox"/> CREDIT our ACCOUNT NO _____ <input type="checkbox"/> Send PAYMENT to us by check, to the address below.	<p><b>Interest:</b> Collect Interest at _____ % per annum From _____ To _____</p>
<p>In case of need, refer to:</p>	<input type="checkbox"/> Who has no authority to change these instructions. <input type="checkbox"/> Whose instructions may be followed in every respect. <input type="checkbox"/> Whose instructions may be followed except as noted below.
<p>Special Instructions:</p>	

\_\_\_\_\_  
Authorized Signature