



APPLICATION FOR CREDIT LIMIT CREDIT INSURANCE

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Policy number _____

Contact person _____

DATA ON YOUR CUSTOMER

CRS number _____

Company name _____

Street, number _____

Postal code _____ City _____

Country _____

Your buyer reference no. _____

For clear identification please quote one of the following numbers for new applications (if known):

Registration no. _____ VAT-no. _____

TYPE OF REQUEST

- New credit limit valid from _____ required amount in EUR _____
- Increase valid from _____ required amount in EUR _____
- Prolongation valid from _____
- Cancellation valid from _____

Turnover of last 12 months in EUR _____

Terms of payment _____

Total outstanding amount _____

Oldest unpaid invoice _____

Amount of confirmed orders in EUR _____

Negative information (to be communicated to Compagnie Francaise D'Assurance Pour Le Commerce
Exterieur SA Niederlassung Austria prior to a credit decision):

We confirm that this information is correct and complete to the best of our knowledge.

Place, Date

Authorised signature