



NOTIFICATION OF OVERDUE AMOUNT INCL. REQUEST FOR INTERVENTION

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DATA ON POLICY HOLDER

Policy number _____

Company name _____

If the holder of the asset is not the main policy holder:

Policy number (optional) _____

Company name _____

Contact person _____

Street, Number _____

Postal code _____ City _____

Country _____ Homepage _____

Telephone _____ Fax _____

e-mail _____

DATA ON YOUR CUSTOMER

CRS number _____

Company name _____

Contact person _____

Street, Number _____

Postal code _____ City _____

Country _____ Homepage _____

Telephone _____ Fax _____

e-mail _____

Tax number _____
(UID/VAT – if known)



Credit limit _____

Maximum credit period (as stated in policy) _____

Due date (as agreed with customer) _____

NOTIFICATION OF OVERDUE AMOUNT

Total of outstanding amount _____ Currency _____

Overdue amount _____ Currency _____

VAT _____ % included

Risk

- Risk with credit limit
- Discretionary limit

- Complaint
- Security deposit
- Unauthorized discount
- Other reasons _____

Date of the oldest unpaid invoice _____

Due date of the oldest unpaid invoice _____

Date of last payment _____

Additional information _____

Please send us a current list of open amounts.

From now on, please send the notification of overdue amount only once – even if the amount is still outstanding in the following invoicing period. A new notification is necessary only if other unpaid invoices have become overdue.

We confirm that, to the best of our knowledge, the information we have supplied is complete and correct.

City, Date

Authorised signature