

Credit Insurance

1. Your Company Details

Name(s)

Address including postcode

Telephone number Fax number Registered number

2. Nature of Business

Kind of goods/ Service Sold

To which trade sector(s)

3. Your turnover for the next 12 months (Figures excluding associate companies, government bodies, cash and VAT)

Countries	Estimated annual turnover (ex VAT) (£)	Approx no. of accounts	Normal terms of payment
United Kingdom			

4. Previous Experience (please indicate whether VAT is included)

Financial year ending	turnover (£)	No. of losses	Largest loss (£)	Total losses (£)
Year to date				

5. Special Terms of Payment

If you have any accounts where you have agreed to terms that differ from your normal terms of business, please detail the name of the account, the terms agreed and the credit limit required.

Name	Terms agreed	Credit limit required

