

GLOBALLIANCE CONTRACT CREDIT LIMIT APPLICATION

Please send by letter or fax to the following address:

Insured:

Coface,
 Niederlassung in Deutschland
 Isaac-Fulda-Allee 1
 55124 Mainz
 Deutschland

Fax: +49 (0) 61 31 / 90 13 944

Contract-No.: _____

Buyer

Complete name (legally binding), address (head office) and country: _____

Coface-No.: _____ **Bank Account/Registration-No.:** _____

Your Ref.-No.: _____ **Business relation for** _____ **year(s)**

Application/Type of application

First application/New inclusion	– of a buyer covered within the Discretionary Zone till now <input type="checkbox"/> – due to the reaching of the Underwriting Level/Major Buyer Level <input type="checkbox"/> – due to new business relationship <input type="checkbox"/>	
Increase of Credit Limit	– due to expansion of business relationship <input type="checkbox"/> – due to change of date of payment <input type="checkbox"/>	
Reduction of Credit Limit <input type="checkbox"/>	Withdrawal <input type="checkbox"/>	Others <input type="checkbox"/>
Applied Credit Limit (amount): _____ Currency: _____ Valid from: _____		

Further particulars

Outstanding debts incl. bills of exchange: _____ **Currency:** _____
 (If nothing is stated, it is assumed that no debts exist)

Agreed upon time for payment: _____

Actual payment history: _____

Remarks: _____

Statement by the Insured:

We state that above data are complete and correct. We do not know of any circumstances which would make a completion as agreed of this supplier credit appear to be at risk.

Date: _____ Legally binding signature: _____