

GLOBALLIANCE CONTRACT

**APPLICATION FOR REARRANGEMENT
 OF THE DUE DATE**

Please send by letter or fax to
 the following address:

Insured:

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

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

Contract-No.: _____

Buyer

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

Coface-No.: _____ **Your Ref.-No.:** _____

"named" buyer (Buyer with a Credit Limit set by us)

"unnamed" buyer (Buyer with a Credit Limit set by you within the Discretionary Limit/the Discretionary Zone)

APPLICATION FOR REARRANGEMENT OF THE DUE DATE

according to Art. 2.2.3 of the General Provisions

Amount	Date of invoice	(originally) Due date	Applied rearrangement		
			Amount	Extended due date	Currency

Remarks: _____
