

CREDIT LIMIT APPLICATION

DOMESTIC CREDIT INSURANCE (WKV)

EXPORT CREDIT INSURANCE (AKV)

Policyholder's name and address:			
Policy no.:	<input type="text"/>		
Customer Policyholder's Customer no.:	<input type="text"/>	Coface no.: (if known)	<input type="text"/>
Company, address (Please state the head office, not the branch office) if available please attach company's letterhead	<input type="text"/>		
Country (if abroad)	<input type="text"/>	Business relationship	
		less than 2 years <input type="checkbox"/>	2 – 5 years <input type="checkbox"/> more than 5 years <input type="checkbox"/>
Bank details/ Registration no.	<input type="text"/>		
		Bank code	
Application Type of application	New inclusion	<input type="checkbox"/> of a customer covered under unnamed coverage facility so far <input type="checkbox"/> due to reaching the minimum sum of approved cover (for policies without unnamed coverage facility) <input type="checkbox"/> due to new business relationship	
	Increase	<input type="checkbox"/> due to expansion of the business relationship <input type="checkbox"/> due to alteration of the term of payment	
	Reduction <input type="checkbox"/>	Withdrawal <input type="checkbox"/>	Others <input type="checkbox"/>
Amount requested (currency)	<input type="text"/>	Valid from	<input type="text"/>
Outstanding debts incl. bills of exchange If nothing is stated, it is assumed that no debts exist		(currency)	<input type="text"/>
Agreed term of payment	<input type="text"/>	Actual payment history	<input type="text"/>
Remarks	<input type="text"/>		
Declaration of policyholder	We declare that the information contained herein is accurate and complete and we are not aware of any circumstances that might endanger the settlement of this trade credit according to the agreed terms and conditions.		
Date:	Authorized signature:		
<input type="text"/>	<input type="text"/>		