

ORDER FOR DEBT COLLECTION AND CALLING IN OF CLAIMS

Information on debtor

(please fill in as **completely as possible** and avoid PO box addresses)

Name and address: _____

Represented by: _____
 Country: _____
 (if other than Germany):

Telephone: _____
 Fax: _____

Other contact information (e-mail, homepage) _____

Information on creditor/client

Name and address: _____

Telephone: _____ Fax: _____
 Contact: _____

Your Debtor Customer No: _____

Your bank account (incl. IBAN & BIC): _____

 (only necessary with 1st application)

Coface Insurance No.: _____

 (only necessary with 1st order)

Claim (if more than one invoice, please attach an outstanding balance list or invoice copies)

Sum: _____ Currency: _____ Due date: _____

Date of invoice: _____

Reason for claim (e. g. delivery of goods): _____ Enforcement fees: _____

Retention: yes no

Debt is insured with Compagnie Française d'Assurance pour le Commerce Extérieur SA,
 Niederlassung in Deutschland (Coface) yes no

Debt is credit insured by another company yes no
 (please state your insurance company) _____

The provisions of the Debt Collection Agreement and the General Trading Conditions for Debt Collection are expressly accepted.

Place/Date _____ Stamp/Signature _____