

Credit Insurance

Analysis

Name/Company _____

Street, No. _____

Post Code/City _____

Contact _____

Telephone _____

Telefax _____

Email _____

No. of employees _____ membership of company group _____

Subsidiaries _____

CURRENCY

▲ applies for all amounts in the entire form, if empty, all information in EUR

◀ if necessary, use an extra sheet

1

Credit Insurance Analysis

1. PURPOSE OF COMPANY

description of business activities _____

special feature of business _____

◀ e.g., manufacturing risk/ production costs, manufacturing/trade in dual-use goods, long-term/binding contracts etc.

regular, not-yet invoiced receivables from insurable turnover _____

◀ cost price/ manufacturing risk

period of greatest turnover _____

◀ in the case of seasonal business

month/s J F M A M J J A S O N D ◀ please mark

share of sales _____ %

Our customers work in the following sectors:

sectors	share of turnover
_____	%
_____	%
_____	%
_____	%

2. TURNOVER AND OPEN RECEIVABLES LAST COMPLETED BUSINESS YEAR AT (DATE)

◀ in thousand, excl. VAT

per	TURNOVER	RECEIVABLES
total	_____	_____
– incl. with public and associated/holding companies	_____	_____
– incl. D/P businesses/ irrevocably confirmed Letters of Credit	_____	_____
– incl. cash business/ advance payments	_____	_____
= insurable turnover/ receivables	=====	=====
incl. domestic	_____	_____
incl. foreign	_____	_____

planned turnover for current business year

domestic	_____	◀ in thousand, excl. VAT
foreign	_____	

turnover by country

country	turnover
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

◀ in thousand

◀ additional countries please list separately

8. COMPANY RECEIVABLES MANAGEMENT

CREDIT CHECK

SOURCE OF CREDIT INFORMATION	NEW CUSTOMERS	EXISTING CUSTOMERS
positive account experience in the last 12 months		<input type="checkbox"/> yes <input type="checkbox"/> no
credit agencies: _____ _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
bank information	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
other sources: _____ _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

At what intervals is this information/are these documents updated? _____

CONDITIONS OF PAYMENT

The following payment terms/conditions were agreed with our customer/s:

domestic customers: _____ % up to _____ days	foreign customers: _____ % up to _____ days
_____ % up to _____ days	_____ % up to _____ days
_____ % up to _____ days	_____ % up to _____ days

We accept Maturity of Bill of Exchange of up to _____ days	We accept extended Terms of Payment (Valuta) _____ days
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▲ including cheque / L/C financing

DATE OF INVOICE

- on delivery/performance
- up to 1 week after delivery/performance
- up to 30 days after delivery/performance
- after over 30 days

REMINDER PROCEDURES

- Individual reminders
- Automatic reminders
- automatically by service provider _____

REMINDER TERMS
1. reminder no later than _____ days after due date

2. reminder no later than _____ days after due date

further reminders _____ no. **sent every** _____ days

deliveries suspended after _____ days

COLLECTION PROCEDURES
passed to collection dept _____ days max. after due date

**collection by lawyer/
legal action commences** _____ days max. after due date

AGREED SECURITY INTERESTS
**reservation of
proprietary rights** _____

- Simple Retention of Title
- "All Monies" / "Current Account" clause
- Processing/Mingling clause
- Advance Assignment clause

other security interests _____

9. REMARKS

place and date _____, the _____

**company stamp
and signature** _____

◀ digital signature possible