



**Application for Credit Limit
Credit Insurance**

T. +43/1/515 54-600, F. +43/1/515 54-50250, creditline@coface.at

Policy number _____

Contact person _____

DATA ON YOUR CUSTOMER

CRS number _____

Company name _____

Registered address _____

Country _____

Your buyer reference no. _____

For clear identification please quote one of the following numbers for new applications (if known):

Registration no. _____ VAT-no. _____

TYPE OF REQUEST

New credit limit valid from _____ required amount in EUR _____

Increase valid from _____ required amount in EUR _____

Prolongation valid from _____

Cancellation valid from _____

Turnover of last 12 months in EUR _____

Terms of payment _____

Total outstanding amount _____

Oldest unpaid invoice _____

Amount of confirmed orders in EUR _____

Negative information (to be communicated to Coface Austria prior to a credit decision): _____

We confirm that this information is correct and complete to the best of our knowledge.

Date

Signature