



T. +43/1/515 54-600, F. +43/1/515 54-339, schaden@coface.at

DATA ON POLICY HOLDER

Policy number _____

Company name _____

If the holder of the asset is not the main policy holder:

Policy number (optional) _____

Company name _____

Street, Number _____

Postal Code _____ City _____ Country _____

Contact person _____

Telephone _____ Fax _____

e-Mail _____

DATA ON YOUR CUSTOMER

CRS number _____

Company name _____

Street, Number _____

Postal Code _____ City _____ Country _____

Tax number _____
(UID/VAT - if known)

Credit limit _____

Maximum credit period (as stated in policy) _____

Due date (as agreed with customer) _____

NOTIFICATION OF OVERDUE AMOUNT

Total of outstanding amount _____ Currency _____

Overdue amount _____ Currency _____

Risk

- Risk with credit limit
- Discretionary limit

- Complaint
- Security deposit
- Unauthorized discount
- Other reasons _____

Date of the oldest unpaid invoice _____ Due date of the oldest unpaid invoice _____

Date of last payment _____

Additional information _____

Please send us a current list of open amounts.

From now on, please only send the notification of overdue amount once - even if the amount is still outstanding in the following invoicing period. A new notification is not necessary.

We confirm that, to the best of our knowledge, the information we have supplied is complete and correct.

City, Date

Authorized signature of customer