



## Notification of Overdue Amount Incl. Request for Intervention

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### 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)

**Legal form**

- |  |  |
|--|--|
| <input type="checkbox"/> sole proprietorship         | <input type="checkbox"/> private limited company |
| <input type="checkbox"/> public company              | <input type="checkbox"/> limited partnership     |
| <input type="checkbox"/> partnership                 | <input type="checkbox"/> foreign subsidiary      |
| <input type="checkbox"/> government agency           | <input type="checkbox"/> nonprofit organisation  |
| <input type="checkbox"/> unknown or other legal form |  |

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**

- |   |  |
|---|--|
| <input type="checkbox"/> Risk with credit limit |  |
| <input type="checkbox"/> Discretionary limit    |  |
| <input type="checkbox"/> Complaint              | <input type="checkbox"/> Unauthorized discount |
| <input type="checkbox"/> Security deposit       | <input type="checkbox"/> 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 and a copy of the unpaid invoices.**

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