

Euler Hermes Online System (EOLIS)
Credit insurance
User application form



We would like to apply for access to EOLIS

Company _____
Address _____
Policy number _____

Co-Insured companies (if agreed)

(In case of further co-insured companies, please list them under "remarks")

Company _____
Address _____
Policy number _____

Company _____
Address _____
Policy number _____

The following employees should receive a personal EOLIS access

(In case of further employees, please list them under "remarks")

| | | | |
|------------|-------|-------|-------|
| Name | _____ | Phone | _____ |
| First name | _____ | Email | _____ |
| Name | _____ | Phone | _____ |
| First name | _____ | Email | _____ |
| Name | _____ | Phone | _____ |
| First name | _____ | Email | _____ |

Remarks

Place/Date _____

Company stamp and signature _____

Please return by fax to +41 44 283 65 66

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