

Application for a Credit Limit Cover for Bad Debt Losses Capital Goods Credit Insurance *INVEST*

This application forms the basis for an offer and eventually, for the contractual arrangements if and when an insurance contract is concluded. If you wish to finance this transaction by a bank please enclose an annual report of the insured.

1. Insured (Seller)

Company _____
Address _____

Contact person _____ E-Mail _____
Phone _____
Fax _____
Financing bank _____
Contact person _____ E-Mail _____

2. Customer (Buyer)

Company _____
Address _____

Country _____
Homepage _____

3. Object of transaction

Brief description/Machine type _____
 Custom-built Standard product
remains in the capital asset of the buyer or group company
 yes no

4. Currency

CHF EUR USD

5. Credit limit

Purchase price, net of VAT _____
+ Credit costs _____
+ Freight _____
– Prepayments/
Payments on account _____
– Customs duties and taxes _____

= Requested credit limit _____

6. Date of delivery

Partial delivery dates _____

7. Payment terms/Security interests

Instalments	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> semi-annually
First instalment due on	_____		
Amount of each instalment	_____		
Last instalment due on	_____		
Bills of exchange	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Legally effective retention of title	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Further security interests	_____		

8. Cover for costs for work in progress

If yes:

Commencement of manufacture _____

Costs for work in progress
(less payments on account before commencement) _____

9. Cover for political risks including transfer delay
 yes no

10. Circumstances which can be material for the assessment of the risk, in particular for the assessment of the creditworthiness of the buyer.

Bad debt losses with the buyer _____

Disputed receivables _____

Other amounts due _____

Turnover with buyer to date
(during the last 12 months) _____

11. Documents attached

Buyer	<input type="checkbox"/> Balance sheet	<input type="checkbox"/> Income statement
Insured	<input type="checkbox"/> Balance sheet	<input type="checkbox"/> Income statement

12. Remarks/Miscellaneous

We confirm the correctness of the above statements:

 Place/Date

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 Signature

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