

This form serves as the basis for a non-binding offer and, ultimately, for the contractual arrangements if an insurance contract is concluded. All information will be treated confidentially.

_____ Company	_____ Type of business
_____ Contact person	_____ Position
_____ Address	_____ Postcode/Place
_____ Phone	_____ Fax
_____ E-mail	

All figures in CHF EUR USD

1. Structure of buyers

Buyer's industry	_____		_____
	Share of turnover in %		Share of turnover in %
<input type="checkbox"/> Retailers	_____	<input type="checkbox"/> Public sector	_____
<input type="checkbox"/> Wholesalers	_____	<input type="checkbox"/> Group turnover	_____
<input type="checkbox"/> Manufacturing/processing industry	_____	<input type="checkbox"/> Consumer/private individuals	_____

Your four most important buyers

Buyer 1	_____	_____	
	Company	Adress	
	_____	_____	
	Country-Postcode	Place	_____
			Highest accounts receivable
Buyer 2	_____	_____	
	Company	Adress	
	_____	_____	
	Country-Postcode	Place	_____
			Highest accounts receivable
Buyer 3	_____	_____	
	Company	Adress	
	_____	_____	
	Country-Postcode	Place	_____
			Highest accounts receivable
Buyer 4	_____	_____	
	Company	Adress	
	_____	_____	
	Country-Postcode	Place	_____
			Highest accounts receivable

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Legal Seat:
Hamburg, Germany

2. Turnover and debtors

Amount

Expected turnover current year _____

Expected turnover next year _____

Average accounts receivable in total _____

Share of turnover in % CH/FL _____ EU/USA _____ Other countries _____

Buyers with max. accounts receivable

Number of buyers

Share of turnover in %

Up to 20 000.– _____

20 000.– to 50 000.– _____

50 000.– to 100 000.– _____

More than 100 000.– _____

3. Definitive bad debt losses

Bad debt losses (amount)

Number of incidences

Current year _____

Last year _____

Two years ago _____

Highest individual bad debt loss _____

Company

Amount

4. Debtor management

Number of days

Standard terms of payment _____

Maximum terms of payment _____

Average receipt of payments after _____

First reminder after due date _____

Further reminders after periods of _____

Collection order at latest _____

Cooperation with a debt collection agency Yes No

Do you already have a credit insurance? Yes No

If yes, with whom?

Expiry date

We confirm the correctness of the above statements

Place/Date

Signature