

APPLICATION FOR CREDIT LIMIT ENDORSEMENT

Your company name - The Insured: _____

Broker or Agent's name (if any): _____

Policy Number: _____

Date (dd/mm/yyyy): _____

The Customer - Your buyer: _____

Name of Buyer: _____

Registration Number: _____

Trading/Business Name: _____

Address: _____

City: _____

Postcode: _____

Country: _____

Telephone: _____

Application amount (Policy currency): _____

Payment terms (if different from the payment terms on the Policy): _____

Customer reference (if applicable): _____

Buyer is:

Existing

New

If Buyer is a new account and the request is for a Sole Trader or a partnership of individuals, please provide each person's Full Name and Address. Please provide Comments in a comments box for additional name and address details and any Trading Names.

We have no knowledge of anything of concern or importance that would affect the Insurer's acceptance of this risk including but not limited to any payment delay, collection or legal action.

Yes

No

If Yes, please comment below:

If No, provide your comment below with:

- Full details of your aged outstanding and orders on hand and full commentary; and
- Full details of any concerns or information that you believe are material to our acceptance of this risk

General Comments

Please provide any comments/any other information you think may be helpful to assist us to provide the required cover: