

QUESTIONNAIRE COFACE CREDIT INSURANCE

T. +43/1/515 54-600, F. +43/1/515 54-305, sales-austria@coface.com

1. DATA ON COMPANY

Company name _____

Street, Number _____

Postal code _____ City _____

Country _____ Homepage _____

Telephone _____ Fax _____

Company's sector _____

2. CONTACT PERSON

Contact person _____

Function/Position _____

e-Mail _____

Telephone _____

3. REVENUES

Revenue	Domestic (absolute figures or %)	Foreign (absolute figures or %)	Total (absolute figures)
Revenues year before last			
Revenues last year			
Expected revenues current year			



4. THE INSURANCE SHOULD COVER THE FOLLOWING COUNTRIES

Country	Revenues - last year (absolute figures or % of total turnover)	Expected revenues - current year (optional)	Number of customers
1.			
2.			
3.			
4.			
5.			
Others			

5. NUMBER OF CUSTOMERS CLASSIFIED BY ACCOUNT BALANCE

Balance per customer	Number of customers	Total balance (end of last month)
Up to EUR 500		
EUR 500 to EUR 10,000		
EUR 10,000 to EUR 50,000		
Over EUR 50,000		

6. NUMBER AND AMOUNT OF DEFAULTS (BANKRUPTCIES) IN RECENT YEARS

Year	Net defaults (from bankruptcies)	Number of cases	Largest default (name and amount)
Current year			
Last year			
Year before last			

7. TOTAL BALANCE AT THE END OF EACH QUARTER IN THE PAST YEAR

I. Quarter		III. Quarter	
II. Quarter		IV. Quarter	

OR AVERAGE DAYS OF RECEIVABLES OUTSTANDING _____



8. TOP 10

Please list your ten largest customers, including the latest account balances.

Customer (name and address)	Current balance	Sector
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

OPTIONAL ADDITIONAL INFORMATION

(This information is not absolutely necessary, but facilitates the calculation of your offer.)

9. PAYMENT TERMS (TIME REQUIRED FOR PAYMENT IN DAYS)

	Agreed	Actual	Maximum
Austria			
Export countries			



10. DOES YOUR COMPANY CURRENTLY HAVE CREDIT INSURANCE?

	Since	Cancellable on	Cancelled
Austria			
Export countries			
If YES, with which company			

11. PLEASE SEND ME AN OFFER FOR CREDIT INSURANCE WITH PROTECTION AGAINST

- Default
- Delayed payment
- Delayed payment and collection
- With coverage of existing receivables

We hereby authorise (also in the sense of the Austrian Data Protection Act) Compagnie Francaise D'Assurance Pour Le Commerce Exterieur SA Niederlassung Austria to request data on the claims filed in connection with our previous credit insurance contract, and we authorise our previous credit insurer to forward this data to Compagnie Francaise D'Assurance Pour Le Commerce Exterieur SA Niederlassung Austria.

We hereby confirm to the best of our knowledge that this information is correct and complete. We also agree to the use of this data within the Coface Group for processing purposes.

Place, Date

Authorised Signature