

Short Credit Insurance Application

1. Company Information

Name of Applicant: _____

Doing Business Under: _____

Headquarter Address: _____

Other Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Contact Name _____ Title _____

Type of company: Corporation Partnership LLC Proprietorship

Company formation date _____ State _____

Kinds of products or services your company provides:

2. Sales & Accounts Receivable Information.

A. What were your company's total revenues (sales) last year? \$ _____

B. What are your company's total revenues for this fiscal year? \$ _____

C. Do you have commercial trade credit insurance? No Yes

If yes, who is the carrier?: _____

D. Current **domestic** accounts receivable amount is \$ _____ of which
\$ _____ is past due.

E. Current **export** accounts receivable amount is \$ _____, of which
\$ _____ is past due.

F. Amount of accounts receivable in hands of attorneys or collection agencies, currently
or within the past year: **Domestic:** \$ _____ **Export:** \$ _____

G. What are your terms of sales?

Open account: _____% Letter of credit: _____% Other: _____%

H. Do you offer payment discounts? No Yes

If yes, what are the terms? _____

3. Markets

Please indicate approximately the sales per country where your buyers are domiciled.

Country	Number of Accounts	Forecasted Sales	Payment Terms

If more space is needed, please list on a separate schedule.

4. Past Experience

A. Domestic

Fiscal Year Ending	Total Sales	Net Bad Losses (\$)	Largest Loss (\$)
Current Year			
2007			
2006			

B. Overseas

Fiscal Year Ending	Total Sales	Net Bad Losses (\$)	Largest Loss (\$)
Current Year			
2007			
2006			

If more space is needed, please list on a separate schedule.