



Application form

Date: _____

Profile of your company:

Company Name: _____

Chamber of Commerce registration number: _____

Address: _____

Contact person: _____

Telephone: _____

Fax: _____

E-mail: _____

Products and Services you sell / render: _____

Are the rights to your accounts receivables assigned to a third party? YES NO

Profile of the buyers of your products and services:

Annual credit sales volume: _____

Number of buyers (debtors): _____

Average size of the invoices: _____

Number of invoices issued per year (approximately): _____

Payment term: _____

Please note: All information provided will be treated confidentially