

Trade Credit

Trader Whole Turnover Proposal Form



1, Details of Applicant

Company Name							
Company		O .					
		Registered Address			Trading Address (If Different)		
Company	Addres	ss					
			Postcode			Postcode	
Nature of	your bu	ısiness					·
Associated Company(ies)			requiring cover?		YES		NO
If YES, ple	ease giv	ve details	below (Continue on	separate p	age if ned	cessary)	
Name					Company Reg No.		
Name					Company Reg No.		
Contact Details Name		me		Email		Telephone	
Signatory							
Main Contact							
Daily Contact							

2, Turnover – (Please exclude cash sales, VAT, government sales, inter-company trading)

Please enter the currency used to fill in this form (Tick one only)	GBP EURO USD			
Estimated Domestic Annual Sales				
Estimated Export Annual Sales				
Total Estimated Annual Sales				
Existing Number of Live Accounts				

3, Trading Record

	YTD	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY
Financial year ending					
Turnover					
Total bad debts (Including uninsured losses)					
Number of bad debts					
Largest individual bad debt					
Name of largest bad debt					



4, Previous Credit Insurance

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Have you previously had credit in	YES	NO					
If yes, who was your policy with?		Policy e	expiry date				
Have you had a Credit Insurance	policy refused in the last 5 yea	rs	YES	NO			
If yes, please provide details							

5, Payment Terms and On Stop Procedures

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What are your normal terms of payment?	Days	DOI	EOM	
What are your longest terms of payment?	Days	DOI	EOM	
When do you normally raise Invoices?				
Payment Terms	% of customers on these terms	On Stop: Number of days after payment due date you put the account On Stop		
Up to 30 days from invoice				
30 to 60 days from invoice (up to 30 EOM)				
60 to 90 days from invoice (up to 60 EOM)				
90 to 120 days from invoice (up to 90 EOM)				

6, Debtor Analysis

Debt (Amount outstanding at any one time)	Number of Buyers	Amount Outstanding
Up to 1,000		
1,001 – 2,500		
2,501 – 5,000		
5,001 – 10,000		
10,001 – 25,000		
25,001 – 50,000		
50,001 – 100,000		
100,001 - 500,000		
500,001 and over		
Total		



7, Special Contracts

Please indicate if you are involved in any of the following								
Type of Contract YES NO % of Turnover Length of time Involved								
Pre-Delivery Costs?								
Binding Contracts?								
Consignment Stock?								

δ,	, Overdue Accounts	
	Please detail those accounts which are 60 Days or more overdue or giving cause for concern (Exclud

e all balances below 5,000)

100110111000 1001011 0,000					
Name of Buyer	Company Reg No.	Total amount outstanding	Amount overdue	Due date of oldest invoice	Brief Description

9, Other Information

Are there any special or unusual facts relating to this risk?	YES	NO					
If YES, please provide details (Please use a separate sheet if necessary)							
Are there any other facts or circumstances you need to tell us about so as to give us a fair presentation of this risk?	YES	NO					
If YES, please provide details (Please use a separate sheet if necessary)							



Declaration

We declare:

- That the information given in this form is to the best of our knowledge and belief correct
- That we are not aware of any circumstances which we have not disclosed to you which might influence your decision about whether to accept the risk and, if so, on what terms. We also confirm that the information supplied is in accordance with the Insurance Act 2015
- We have suffered no further reportable bad debts or seriously overdue accounts, other than those reported.

Signature		
Name of Signatory		
Position in Company		
Date		

Data Protection Notice

Your attention is drawn to the Data Protection Notice which we provide with your policy documents and proposal forms. If you do not have this document, please contact us immediately at creditsales@tmhcc.com

Credit Sales

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