

Trade Credit

Trader Whole Turnover Credit Renewal Proposal Form

1. Details of applicant

Company name:			
Contact:		Company reg. no.:	
Address:			
Postcode:		Telephone no.:	
Email:			
Associated Company(ies) requiring cover?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please give details below (continue on separate page if necessary):			
Name:		Company reg. no.:	
Name:		Company reg. no.:	

2. Nature of your business

Has the nature of your business changed since the last proposal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please provide details:		

3. Turnover - (please exclude cash sales, VAT, government sales, inter-company trading)

Please enter the currency used to fill in this form (tick one only):	EURO <input type="checkbox"/>	GBP <input type="checkbox"/>	USD <input type="checkbox"/>
Estimated annual turnover in your home country:		Export:	*
*Please complete supplemental schedule of export turnover			
Annual no. of customers:			

4. Payment terms and on stop procedures

What are your normal terms of payment?	% of customers on these terms	
Payment Terms	% of customer 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)		
If you wish to provide any additional comments, please attach a further sheet.		



5. 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?	<input type="checkbox"/>	<input type="checkbox"/>		
Binding contracts?	<input type="checkbox"/>	<input type="checkbox"/>		
Consignment stock?	<input type="checkbox"/>	<input type="checkbox"/>		

6. Overdue accounts

Have you any accounts which are seriously overdue, giving cause for concern or disputed even if previously notified to us?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES detail below (continue on a separate page if necessary):			
Name of customer	Company reg. no.	Total amount outstanding	Date of oldest invoice

7. Other information

Are there any special or unusual facts relating to this risk?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please provide details (and 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 <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please provide details (and please use a separate sheet if necessary):			

8. For customers domiciled in Eire only

For the purposes of the Consumer Insurance Contracts Act 2019:		
Was your total annual turnover and the turnover of all associated companies included on this form over €3m in your previous financial year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO then:		
Are you and all of the associated companies included on this form part of a group whose total annual turnover in their previous financial year was over €3m?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

9. 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
- That none of the buyers are subsidiaries or associated companies of ours and that we have no interest direct or indirect in any of the buyers
- We further declare that any previous proposal form submitted to you for a credit insurance policy forms part of this presentation of the risk to you for the purposes of this renewal and is to the best of our knowledge and belief correct except to the extent that the information is updated by this renewal proposal form.

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 creditsupport@tmhcc.com

Contact Us

The Grange
Rearsby
Leicester
LE7 4FY

Tel: +44 (0)1664 424000

Email: creditsupport@tmhcc.com

Website: tmhcc.com