

USE THIS FORM AT THE START OF YOUR POLICY TO APPLY FOR CREDIT LIMITS ON LIMITED COMPANIES / BUYERS / CONTRACTORS ABOVE YOUR DISCRETIONARY LIMIT

## Initial Credit Limit Request Form – Limited Companies

Buyer / Contractor details	1	2	3	4
Name:				
Address:				
CompanyReg.No.:				
Total Credit Limit Required:				
Buyer / Contractor details	5	6	7	8
Name:				
Address:				
CompanyReg.No.:				
Total Credit Limit Required:				
Please tick to here to confirm the terms of payment do not exceed the 120 days. □				
Signature	Name of Signatory		Position	
Name of Company			Date	

Please return to: Tokio Marine HCC, The Grange, Rearsby, Leicester, LE7 4FY | Tel: +44 (0)1664 424000 | creditsup port@tmhcc.com