

# Initial Credit Limit Request Form - Limited Companies

Buyer / Contractor details	1	2	3	4
Name:				
Address :				
Company Reg. No.:				
Total Credit Limit Required:				

Buyer / Contractor details	5	6	7	8
Name:				
Address :				
Company Reg. 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

| creditsupport@tmhcc.com