

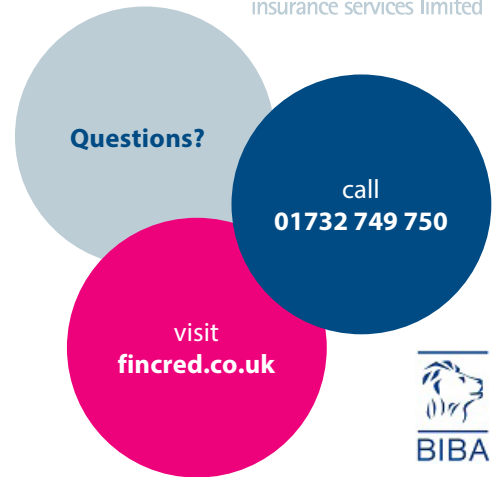
Credit Insurance Health Check



Use this form to apply for a no-obligation credit insurance quote.
How to fill in this form

By hand

- ✓ Complete the entire form using black ink and block capitals
- ✓ Mark your answers, where applicable, with an 'X' like this ✗
- ✓ Sign and date the declaration at the end
- ✓ Return it by post: Financial & Credit Insurance Services Ltd, 80 Granville Road, Sevenoaks, Kent TN13 1HA
- ✓ Return it by email: Scan your completed form and send it to us at quotes@fincred.co.uk



1 Company details

Company name

Address

Postcode:

Website

Company registration number

Contact

Name:

Position:

Telephone:

Email:

What is your trade description?

Which trade sectors do you sell to?

Who do you currently purchase credit status information from?

2 Financial details

Which currency are you using to complete this form?

What is your estimated insurable turnover?
Excluding non-credit sales, sales to associated companies and sales to UK government/public sector

Country of trade	Annual turnover (excluding VAT)	Approximate number of accounts	Normal/maximum payment terms
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is your last three years trading experience? Excluding any previous bad debts

Financial year ending	Turnover (excluding VAT)	Net total of bad debt losses	Number of losses	Amount of largest individual loss	Name of largest individual loss
M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

