|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Credit Limit Application** | | | | | | | | | | | |
| Your Company Name: | | | | | | | Policy Number: | | | | |
| Type of Limit Request: Insurance  Credit Risk Solutions | | | | | | | | | | | |
| **Debtor Information** | | | | | | | | | | | |
| Debtor Name (correct legal entity): | | | | | | | | | | | |
| Trading Name: | | | | | | | | | | | |
| Postal Address: | | | | | | | | | | Country: | |
| Telephone: | | | | | | Email: | | | | | |
| Entity Type: Proprietary Limited  Limited  Partnership  Sole Trader  Trust  Corporation  Government  Incorporated | | | | | | | | | | | |
| ACN: | | | | | | ABN: | | | | | |
| If Trust Company, please state name of trust: | | | | | | | | | | | |
| Type of Trust: | | | | | | ACN of Trust Company: | | | | | |
| Credit Limit Required: $ | | | | | | Current Limit (if any): $ | | | | | |
| **Accounts Information** | | | | | | | | | | | |
| **Accounts Primary Contact** | | **Email** | | | | | | | **Telephone** | | |
|  | |  | | | | | | |  | | |
| **Aged Outstandings** | | | | | | | | | | | |
| **Amounts Outstanding** | **Delivery Date**  **(Month/Year)** | | **Due Date (Month/Year)** | | | | | **Comments** | | | |
|  |  | |  | | | | |  | | | |
|  |  | |  | | | | |  | | | |
|  |  | |  | | | | |  | | | |
| **Trade References** | | | | | | | | | | | |
| **Name of Debtor** | | | | **Contact Phone Number** | | | | | | | **Contact Name** |
| 1) | | | |  | | | | | | |  |
| 2) | | | |  | | | | | | |  |
| 3) | | | |  | | | | | | |  |
| **Director / Sole Trader / Partner Information** | | | | | | | | | | | |
| [1] Full Name: | | | | | Email: | | | | | | |
| Residential Address: | | | | | Telephone: | | | | | | |
| [2] Full Name: | | | | | Email: | | | | | | |
| Residential Address: | | | | | Telephone: | | | | | | |
| **Additional Comments** | | | | | | | | | | | |
| Please advise any information you believe will assist the underwriter in assessing the limit: | | | | | | | | | | | |
| **11/857 Doncaster Road, Doncaster East VIC 3109, Phone (03) 9842 0986** [**creditlimits@tradecreditrisk.com.au**](mailto:creditlimits@tradecreditrisk.com.au) | | | | | | | | | | | |