

## Credit Insurance Enquiry Form

Please complete and email with a current Aged Debtors report to: hannesm@turnerrawlinson.co.uk

1. Yo	our Company Informa	ation		
Company	name/reg no:			
Contact name:			Contact position:	
Company	address:			
Email address:				
Telephone No:				
Descriptio	n of trade:			
2. Tu	ırnover			
	This financial year:	Last financial year:	Prev. financial year:	Prev. fin. year:
Date MM/YY				



## 3. Major Clients (by value of outstanding credit)

	.,							
	Name:	Location:	Company registration no.	Credit limit required				
1.								
2.								
3.								
4.								
5.								
6.								
7.								
	Normal credit offered ( ) c	days from end of month/date of	of invoice (please delete as ap	propriate)				
4. Bad Debt Losses (past 3 years approx)								
	This financial year:	Last financial year:	Prev. financial year:	Prev. fin. year:				
	£	£	£	£				
Date MM/YY								
Total losses	£	£	£	£				
Number of losses	£	£	£	£				
Total losses	£	£	£	£				
Number of losses	£	£	£	£				