

Credit Risk Questionnaire

Please complete ALL sections



YOUR DETAILS

Company name	Company reg no.	
<input type="text"/>		<input type="text"/>
Address	Eircode	
<input type="text"/>		<input type="text"/>
<input type="text"/>		
	Phone	Email
Contact name	<input type="text"/>	<input type="text"/>
Trade Description	<input type="text"/>	
Projected Domestic Credit sales in the next 12 months		<input type="text"/>
Projected Export Credit sales in the next 12 months		<input type="text"/>

TURNOVER AND LOSSES

	Year to date	Last year	Previous year
Financial period	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales in €	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bad Debts in €	<input type="text"/>	<input type="text"/>	<input type="text"/>
No of Bad Debts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Largest in €	<input type="text"/>	<input type="text"/>	<input type="text"/>

PAYMENT

What are your Payment terms?
e.g. 60 days open account

Financial quarters

Q1	Q2	Q3	Q4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide a debtor analysis

Debtor range (€)	Number in range	Value in range
Under 1,000	<input type="text"/>	<input type="text"/>
1,000-2,500	<input type="text"/>	<input type="text"/>
2,500-5,000	<input type="text"/>	<input type="text"/>
5,000-10,000	<input type="text"/>	<input type="text"/>
10,000-25,000	<input type="text"/>	<input type="text"/>
25,000 - 50,000	<input type="text"/>	<input type="text"/>
50,000- 100,000	<input type="text"/>	<input type="text"/>
100,000-250,000	<input type="text"/>	<input type="text"/>
Over 250,000	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>

continued on page 2

Credit Risk Questionnaire



continued

Please detail your overdue accounts in €

1-30 days overdue

31-60 days overdue

61-90 day overdue

> 90 days overdue

For each country you sell to, show your projected sales, the number of customers you sell to and your credit terms

Country	Annual Turnover	No. of Accounts	Payment terms

Please list your main customers we will check that we can cover the amount you need

Full company name & address	Country	Co Reg No.	Highest amount owing at any time

SUBMISSION INSTRUCTIONS FOR COMPLETED PROPOSAL FORM

Please complete and return it to tradecredit@arachas.ie, or send it by post to:

Trade Credit Insurance Team,
Arachas Corporate Brokers,
The Courtyard, Carmanhall Rd,
Sandyford Business Est.,
D18X377