

# Credit Insurance Questionnaire



If you'd like to discuss any aspects of this form, please contact Dean Smith at [dean.smith@astonlark.com](mailto:dean.smith@astonlark.com) or 0121 452 8738

## 1. COMPANY DETAILS

Company Name(s):

Reg No:

Address:

Contact Name:

Phone No:

Position:

Email Address:

Goods/Services:

## 2. PROJECTED CREDIT SALES IN THE NEXT 12 MONTHS

UK Credit Sales in the next 12 months

Export Credit Sales in the next 12 months

## 3. TURNOVER & LOSSES

	Year to date	Last Year	Previous Year	Previous Year
Financial Period				
Turnover				
Bad Debts Losses (£)				
No. of Bad Losses				
Largest Loss				
Buyer Name				

## 4. WHAT ARE YOUR PAYMENT TERMS

(e.g. - 60 days open account)

Special Features of Trade (e.g. - Work in progress, Self-Billing, Long Term Contracts, Consignment Stock or Pay when Paid Contracts)





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## 7. DO YOU USE INVOICE DISCOUNTING/FACTORING FACILITY?

If yes, please provide details below

**Yes**

**No**

Name:

Reg No:

## 8. PRIMARY POLICY CONTACT

Should you wish to proceed with the policy, would you like to be the primary policy contact?

**Yes**

**No**

This will include you having your own log-in details to the online portal, applying for your own credit limits and looking after your policy. Alternatively, as your broker, we can look after your policy on your behalf.

Signature

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