

Credit Risk Questionnaire



If you have any queries in relation to this form, please contact Arthur Williams at arthur@adventrisk.ie or 01-4308040 / 00353879812396

1 COMPANY DETAILS

Company name (s)			
Address			
Registration no			
Primary Policy Contact			
E-mail Address			
Goods/services			

2 PROJECTED CREDIT SALES IN THE NEXT 12 MONTHS

Irish Credit sales in the next 12 months	
Export Credit sales in the next 12 months	
Total	

3 TURNOVER AND LOSSES

Financial period	2021	2020	2019
Sales in €			
Bad Debts in €			
No of Bad Debts			
Largest in €			
Customer 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	

5 PLEASE INSERT THE DEBTOR BALANCES FOR THE LAST 4 COMPLETE FINANCIAL QUARTERS

	Q1	Q2	Q3	Q4

6 PLEASE PROVIDE A DEBTOR ANALYSIS

Debtor range (€)	Number in range	Value in range
Under 1,000		
1,000-2,500		
2,500-5,000		
5,000-10,000		
10,000-25,000		
25,000-50,000		
50,000-100,000		
100,000-250,000		
Over 250,000		
Total		

7 PLEASE DETAIL YOUR OVERDUE ACCOUNTS IN €

	1-30 days overdue	31-60 days overdue	61-90 day overdue	> 90 days overdue
(Value and number of accounts)				

8 FOR EACH COUNTRY YOU SELL TO, SHOW YOUR ANNUAL PROJECTED SALES

*This figure should include VAT, number of customers you sell to and your credit terms

Country	Annual Turnover	No. of Accounts	Payment terms
Ireland			
United Kingdom			

9 YOUR TOP CUSTOMERS / BUYERS

*For the Underwriter to demonstrate the level of cover they can provide

Full company name & address	Country	Registration No.	Credit Limit required €

11 DO YOU USE INVOICE DISCOUNTING/FACTORING FACILITY?

If yes, please provide details below	Yes	No	X	Reg:	
Name					

12 SIGNATURE

I declare that the above statements and particulars are true and that to the best of my knowledge I have not withheld any information which could materially affect