

Company name :	<input type="text"/>
Address :	<input type="text"/>
Company registration number :	<input type="text"/>
May we contact your buyer :	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Name & position of contact :	<input type="text"/>
Telephone :	<input type="text"/>
Fax :	<input type="text"/>
E-Mail :	<input type="text"/>
Your export target (Indicate currency unit) :	<input type="text"/>
Your payment term :	<input checked="" type="checkbox"/> 30 DAYS <input type="checkbox"/> 60 DAYS <input type="checkbox"/> 90 DAYS <input type="checkbox"/> OTHER <input type="text"/>
Number of invoices/shipment in one year :	<input type="text"/>
Average invoice value :	<input type="text"/>
Estimated revolving limit you need *:	<input type="text"/>
Bank your buyer works with :	<input type="text"/>
Address:	<input type="text"/>
Delivery terms :	<input checked="" type="checkbox"/> CIF <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> OTHER <input type="text"/>
Export company :	<input type="text"/>
Is there a contractual agreement between you and the buyer :	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Are discounts given for early payment:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If yes, indicate discount rate :	<input type="text"/>
Are the goods in the shipment insured :	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you have countertrade with your buyer :	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
How many years have you been selling to this buyer :	<input type="text"/>

Payment method up to now :

L/C A/C CAG CASH

Are the invoice address and delivery address the same :

YES NO

If not give details :

Are the ordering firm and receiving firm the same :

YES NO

If not give details :

Do your other group companies send goods to this firm :

YES NO

If so give details :

*Amount of money remaining with your buyer at the specified due date.

SEND FORM
