

## NOTIFICATION OF OVERDUE AMOUNT INCL. REQUEST FOR INTERVENTION

office-lithuania@coface.com  
Tel.no.:+370 5 279 17 27  
Fax.no.:+370 5 279 17 54

### DATA ON POLICY HOLDER

Policy number \* \_\_\_\_\_

Company name \* \_\_\_\_\_

Company code \* \_\_\_\_\_

Contact person \* \_\_\_\_\_

Bank \_\_\_\_\_ Account \_\_\_\_\_

Tel. no. \_\_\_\_\_ Fax. no. \_\_\_\_\_ Mob. no. \_\_\_\_\_

e-Mail \_\_\_\_\_

Fill if the holder of the asset is not the main policy holder only:

Company name \_\_\_\_\_

Company code \_\_\_\_\_

Contact person \_\_\_\_\_

Bank \_\_\_\_\_ Account \_\_\_\_\_

Tel. no. \_\_\_\_\_ Fax. no. \_\_\_\_\_ Mob. no. \_\_\_\_\_

e-Mail \_\_\_\_\_

### DATA ON YOUR CUSTOMER (DEBTOR)

Credit limit decision no. \_\_\_\_\_

Company name \* \_\_\_\_\_

Company code \* \_\_\_\_\_

Address \* \_\_\_\_\_

Contact person \_\_\_\_\_

Tel. no. \_\_\_\_\_ Fax. no. \_\_\_\_\_ Mob. no. \_\_\_\_\_

e-Mail \_\_\_\_\_

Bank, bank code, account \_\_\_\_\_

Credit limit (amount) \_\_\_\_\_

Maximum credit period (as stated in policy) \_\_\_\_\_

Due date (as agreed with customer) \_\_\_\_\_

\*obligatory to fill



## NOTIFICATION OF OVERDUE AMOUNT

Total of outstanding amount \_\_\_\_\_ Currency \_\_\_\_\_

Overdue amount \_\_\_\_\_ Currency \_\_\_\_\_ VAT \_\_\_\_\_ %

Unpaid invoice no.	Date of the invoice	Date of the overdue amount *	Overdue amount
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\*date when the payment should be made.

If the number of the unpaid invoices are more than 12, continue list at the 3th page.

### Risk

- ☐ Risk with credit limit
- ☐ Discretionary limit

Additional information:

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From now on, please send the notification of overdue amount only once - even if the amount is still outstanding in the following invoicing period. A new notification is necessary only if other unpaid invoices have become overdue.

We confirm that, to the best of our knowledge, the information we have supplied is complete and correct.

\_\_\_\_\_  
Date, place

\_\_\_\_\_  
Position, signature

\_\_\_\_\_  
Stamp

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