

CREDIT INSURANCE INVOICE

Invoice Number:

Invoice Date:

Due Date:

Policy Number:

Endorsement No:

INSURED (POLICYHOLDER)

INSURER / BROKER DETAILS

Policy Period	Activity/Declaration Period	Insured Turnover Limit	Maximum Liability Limit

DESCRIPTION OF INSURANCE COVER / PREMIUM CALCULATION	DECLARED VOLUME / BASE AMOUNT	PREMIUM RATE	PREMIUM AMOUNT

Gross Premium:

Policy / Admin Fee:

Premium Tax:

Total Due:

Payment Terms & Instructions

Bank Name: _____
IBAN/ Account No: _____
BIC/ Swift Code: _____

Please reference the Invoice Number and Policy Number on all remittance advices. Premium payments are due in accordance with the terms of the Credit Insurance Policy.

Authorized Signature (Insured)

Date: _____

Authorized Signature (Insurer/Agent)

Date: _____