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CREDIT INSURANCE PREMIUM INVOICE

Invoice No:
Invoice Date:
Due Date:

INSURED / POLICYHOLDER

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BROKER / INTERMEDIARY

Policy Number:
.....
Endorsement No:
.....
Policy Period From:
.....
Policy Period To:
.....
Coverage Type:
.....
Currency:
.....

Description of Premium Charge / Transaction Details	Coverage Limit Base	Amount
Minimum Premium / Deposit Premium Billing Period:		
Turnover Premium Declaration Adjustment Declared Turnover:		
Credit Limit Assessment Fees / Risk Monitoring Charges		
Policy Administration Fee		

Net Premium:
Insurance Premium Tax:

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Total Amount Due:

PAYMENT & SETTLEMENT INSTRUCTIONS

Bank Name:

Account Name:

IBAN / Account No:

BIC / SWIFT Code:

Payment Reference:

Thank you for your business. Please ensure timely payment to maintain continuous credit insurance coverage protection.

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