



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# INVOICE

**Invoice No:** \_\_\_\_\_  
**Invoice Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_  
**Account No:** \_\_\_\_\_

**INSURED / POLICYHOLDER**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BROKER / AGENT**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POLICY NUMBER \_\_\_\_\_  
ENDORSEMENT NO. \_\_\_\_\_  
POLICY PERIOD FROM \_\_\_\_\_  
POLICY PERIOD TO \_\_\_\_\_

DESCRIPTION / PREMIUM CALCULATION ELEMENT	BASE / VOLUME	RATE / FEE	AMOUNT
<b>Trade Credit Premium</b> Minimum Premium / Turnover Premium	_____	_____	_____
<b>Credit Limit Assessment Fees</b> Limit Application / Monitoring Fees	_____	_____	_____
<b>Policy Administration Fee</b> Underwriting Service and Handling Charges	_____	_____	_____

**DESCRIPTION / PREMIUM  
CALCULATION ELEMENT**

**BASE / VOLUME**

**RATE / FEE**

**AMOUNT**

**Premium Tax / IPT**

Applicable Insurance Premium Tax

Subtotal: \_\_\_\_\_

Tax Total: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

**PAYMENT TERMS & BANK DETAILS**

Please remit payment within the specified payment terms to avoid suspension of credit coverage under the policy.

**Bank Name:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**IBAN / Account No:** \_\_\_\_\_

**BIC / SWIFT:** \_\_\_\_\_

**Routing Transit No:** \_\_\_\_\_

**Payment Reference:** \_\_\_\_\_

\_\_\_\_\_  
Thank you for choosing us for your trade credit risk protection.