

Credit Management Questionnaire	
1. General Information	
A. Applicant's name:	
B. Name and title of person responsible for crea	Jit management:
Length of time this person has been in this o	
(If less than 3 years, please provide details o	f experience)
C. Does centralized credit control exist for all di	visions / branch offices / subsidiaries? Yes No
If no, please provide details:	
2. Credit Procedures	
A. Are credit limits set for all accounts?	Yes No
If no, please provide details:	
<ul><li>B. How are credit limits maintained and monitor</li><li>(1) Systems used?</li></ul>	red?
(1) Systems useu?	
(2) Revised how often?	
C. How soon after shipment of goods / rendering	ng of services are invoices sent?
D. Is an aging of accounts receivable produced	on at least a monthly basis? Yes No
If no, please provide details:	
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3. Collection Procedures				
A. Please indicate procedures for following up on past due accou	ints:			
Telephone				
Letter				
Visits				
<ul> <li>B. How many days beyond the original due date are customers or</li> </ul>	ontacted r	regarding payment?		
1st contact	days	3rd contact	days	
2nd contact	days	4th contact	days	
C. How many days beyond original due date are deliveries to an	account di	discontinued? days		
D. How many days beyond the original due date is an account placed with a collection agency or attorney for				
collection? days				
Applicant				
Authorized signature and title				
Date				