

GLOBALIANCE CONTRACT

APPLICATION FOR REARRANGEMENT OF THE DUE DATE

This undersigned form, you can:

- send by mail to:

Coface,
 branch office in Nederland
 P.O. Box 3377
 4800 DJ Breda
 Netherlands

- scan and send to:

infoschade-netherlands@coface.com

- fax to:

+31 (0) 76 587 38 52

Insured:

Contract-No.: _____

Buyer

Complete name (legally binding), address (head office) and country: _____

Coface-No.: _____ **Your Ref.-No.:** _____

"named" buyer (Buyer with a Credit Limit set by us)

"unnamed" buyer (Buyer with a Credit Limit set by you within the Discretionary Zone)

APPLICATION FOR REARRANGEMENT OF THE DUE DATE

according to Art. 2.2.3 of the General Provisions

Amount	Date of invoice	(originally) Due date	Applied rearrangement		
			Amount	Extended due date	Currency

Remarks: _____
