## Application for credit limit endorsement



QBE Insurance (Australia) Limited ABN 78 003 191 035 - incorporated in Australia

Please return the completed form to: <a href="mailto:qbetc.limits@qbe.com">qbetc.limits@qbe.com</a>				
Use the currency unit the policy is denominated in.				
Your company name - The insured				
Broker or agent's name (if any)				
Policy number				
Date (dd/mm/yyyy)				
Your customer - The buyer (All amounts should be e Name of buyer (correct legal entity)	xpressed in your policy cur	rency)		
Registration no. (if applicable)				
Trading or business name				
Address				
City		Postcode	Country	
Telephone		Website		
Application amount (in the Policy currency)				
Payment terms (only if different from the approved Terms of Payment on the Policy)				
Buyer is: New account Existing customer  If Buyer is a new account and the request is for a Sole Trader or a  Please use the Comments box to capture additional name and ac	ddress details and any Trading Na	mes.		
We have no knowledge of anything of concern or importance the payment delay, collection or legal action. If this statement is true If yes, please comment below.  Yes No  If No, please add comments below giving:		otance of th	is risk including but n	ot limited to any
<ol> <li>Full details of your aged outstanding and orders on hand and full commentary; and</li> <li>Full details of any concerns or information that you believe are material to our acceptance of this risk</li> </ol>				
General comments				
General comments and any other information you think may be helpful to assist us to provide the required cover:				