

## INTERNATIONAL FACTORING APPLICATION FORM

Information on company Buyer/Importer PLUS DOO BEOGRAD-NOVI BEOGRA	whose receivables you intend to assign to FOCUS FACTOR
Name of legal entity:	
Country	
Address:	
Town/city:	
ZIP code:	
Company registration number:	
VAT number:	
Contact information of Buyer/Importe	PT
Authorized contact person:	
Contact telephone:	
Fax:	
Mobile.:	E-mail:
Product range delivered to the buyer:	
Since when have you had the commerci	ial relationship with the buyer?
Planned number of invoices for the next	year:Defined payment due dates:
Currency:	
Forecasted annual trade with the buyer:	
Average invoice value:	

Are there any special terms of payment referred to in the contract (discount)? YES NO
Note:
Trade Terms (INCOTERMS 2010):
☐ FCA ☐ CIP ☐ EXV(if none of the above, please add the applicable trade term abbreviation)
Requested limit:
<b>Note:</b> When submitting this application, please provide us with a copy of the contract/order document fo each buyer and a copy of one sample invoice.
In date
Applicant's signature and seal