

# Application Form

## Company Information

Name \_\_\_\_\_ Fiscal Identity Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Name of representative \_\_\_\_\_ Position \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Group \_\_\_\_\_

<b>Turnover</b>	Previous Year	Current Year	Nº of Clients	Nº Invoices+Credits
<i>National</i>	_____	_____	_____	_____
<i>Exports</i>	_____	_____	_____	_____

## Application Form

COUNTRY	Estimated volume annual transfers	Nº Debtors	Nº Invoices+Credits	Nº Acct. Receiv	Payment period	Means of payment	Currency of Invoice
<b>SPAIN</b>							

### Services in which we are interested

Managing Invoice Collection
  Financing
  Hedge risk