Sales Declaration

POLICY DETAILS

Rev: March 13, 2013



Please complete all sections as fully as possible. This form must be returned within 30 days of the end of the contract period.

Policy Name:	
Policy Number:	
BREAKDOWN OF TOTAL COMPAN	IY SALES (continue on separate sheet if required)
Total sales	
Less	
- Sales made on a cash basis	
- Inter-company sales	
- Excluded countries	
- Sales made on confirmed	
irrevocable letters of credit	
= Total insurable sales	
	es above is the total of the Zone I insurable sales and the
Zone 2 insurable sales that you complete be	NOW
PREAKROWN OF INCURARIES AND	
BREAKDOWN OF INSURABLE SALI	
	ES BY ZONE
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Sales Declaration (continued)

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Zone 2 Countries (continue on a sepa	arate sheet if required)
Country	Insurable Sales
Total insurable sales (Zone 2)	
insurable sales only during the policy	rue, complete and accurately reflect the total period. Coface North America, Inc. may audit the above
information.	
I understand that failure to complete claims.	this form correctly may delay the payment of
Signature:	Date:
Print Name:	
Title:	
Company:	