



**CREDIT INSURANCE
NOTIFICATION OF PAST DUE ACCOUNTS
AND / OR POTENTIAL LOSS**

1. POLICY INFORMATION

Insured : _____ Policy number : _____
 Address : _____
 Contact : _____ Title : _____
 Phone : _____ Fax : _____ E-mail : _____

2 - BUYER

Name : _____ Buyer number (if known) : _____
 Address : _____

3 - PAST DUE ACCOUNTS

All amounts are in : CAD USD

A - DETAILS

| AMOUNT PAST DUE (\$) | DATE OF DISPATCH / DELIVERY | ORIGINAL DUE DATE | EXTENDED DUE DATE |
|-------------------------|--------------------------------|----------------------|----------------------|
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Please use a separate sheet if necessary.

Were there any extended due dates agreed by the Guarantee Company of North America or as allowed by the Policy ? YES
 NO

B - REASONS FOR REPORTING

Buyer insolvent Dispute Deterioration of payment pattern Other (including events likely to cause a loss)
 Please give brief details :

C - SECURITY RELATING TO DEBT ?

Retention of Title Guarantees of Payment Other
 Please give brief details :

D - ACTION TAKEN TO MINIMIZE LOSS AND RECOVER THE DEBT (Please attach copies of all relevant correspondence).

The undersigned officer of the Insured declares that :

- 1 - The information in this form and any attachments is true, complete and correct in every respect.
- 2 - Nothing in this form amends, alters or waives any of the provisions of the Policy.
- 3- Acceptance of this form is not acceptance to any claim by the Guarantee Company of North America.
- 4- We agree to continue to comply with the provisions of the Policy.

Insured :

Buy :
Authorized Signature

Title :

Typed or Printed Name :

Date :