



Analysis Sheet

Company: _____

Date of the company's foundation: _____

Contact person: _____

Industry: _____

Street: _____

Phone and fax: _____

Zip code/Place: _____

E-Mail: _____

Place/Date: _____

Stamp/Signature: _____

Our attention was drawn to Eurofactor by:

- The press
- The internet
- Our main bank
- A broker
- A credit insurer
- The German Factoring Association
- Other (e.g. consultant, auditor, business partner etc.)

Name of the magazine/newspaper: _____

Name of the website/search engine: _____

Name of the bank: _____

Name of the broker: _____

Name of the credit insurer: _____

Name: _____

We are going to attach to this Analysis Sheet the following documents:

- Brochures/Flyers
- Our annual report
- Our current interim business figures
- Our open item list
- A copy of the contract with our credit insurer

Please fill in only detailed information concerning the desired factoring volume.

Information on the development of your business activity

		Previous year 20____ From/Until _____	Current year 20____ From/Until ____ (plan)*
Gross turnover	K€		
Total percentage of export turnover in relation to gross turnover	%		
Percentage of export of your top five export countries (please list them separately)			
Export country number 1			
Export country number 2			
Export country number 3			
Export country number 4			
Export country number 5			
<small>Please attach further export countries if existant.</small>			
Number of invoices (domestic) p. a.	K€		
Average volume of receivables (export)	K€		
Bad debts (in case of a credit insurance – total amount before indemnification)	K€		
Rate of credit notes in relation to turnover	%		
Number of invoices (domestic) p. a.	approx.		
Number of invoices (export) p. a.	approx.		
Total number of domestic debtors (in total/only active ones)	approx.	/	/
Total number of export debtors (in total/only active ones)	approx.	/	/
Percentage of turnover of the number 1 debtor in relation to total turnover	%		
Percentage of turnover of the top 3 debtors in relation to total turnover	%		
Percentage of turnover being related to central regulators/purchasing associations	%		
Payment terms	days		

*Please fill in the information only in case of divergence between the current and the plan figures.

	Remittance (%)	Check payments (%)	SEPA Core Direct Debit (%)	SEPA B2B Direct Debit (%)
Payment transactions				
Assigned/pledged receivables (to)			<input type="checkbox"/> yes	<input type="checkbox"/> no
Credit insurance (with)			<input type="checkbox"/> yes	<input type="checkbox"/> no

We kindly ask you to call us to make an appointment with us to send us some information material to submit us an offer

Your information will be treated strictly confidential.