Electronic Navigational Chart(ENC)Application form 【renewal】

I agree with following usage regulation and apply for use of ENC as below.

ENC usage regulation   Date of application：   /   /

Company name	
Applicant name	
Applicant address	〒
Applicant contact detail	Phone: Fax:
Applicant email address	
License ID	
Vessel Name	
Change ENC contract	Yes （As attached "Cell selection sheet"） ／ No
Contract period	
Necessity of quotation	Necessary ／ Not
Payment method	Bank Transfer(Advande Payment) / Payment on Delivery / Bill Payment
ENC product delivery adress	〒 Phone:
Billing address	〒 ＊ If the billing address differ from the delivery adress of the product, please fill in.
Billing name	＊ If the applicant is different, please fill in.
Electronic Notice to Mariners CD Annual contract (charged)	Monthly Weekly ／ Unnecessary 〒 Phone:
Message to distributor	

＊ ＊ ＊ ＊ ＊ ＊ ＊ ＊ ＊

＜person who fills out a form＞ Please fill in the applicant field who is actually using ENC. If the applicant (user) and the person who fills out a form are different companys, please fill in the following fields and be sure to pass the application form copy to the applicant.

Name/company name of the person who wrote	Company name: Name:
Contact detail of the person who wrote	Phone: Fax:
	email address:

＊ ＊ ＊ ＊ Contact information ＊ ＊ ＊ ＊ ＊

Distributor name :   _____

Address   :   _____

Phone   :   _____   Fax :   _____

email address   :   _____   URL :   _____

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