



Navigation Supply
CREDIT APPLICATION



YOUR BUSINESS DETAILS

COMPANY/TRADING NAME:

CURRENT ADDRESS:

TOWN/CITY:

POST CODE:

TEL:

EMAIL:

MOB:

FAX:

NO. OF EMPLOYEES:

CO. REGISTRATION NO:

TYPE OF COMPANY: SOLE PROPRIETOR LIMITED PARTNERSHIP

SOLE PROPRIETOR'S/PARTNER'S/DIRECTOR'S DETAIL

NAME:

DOB:

CURRENT ADDRESS:

POST CODE:

TEL:

FAX:

MOB:

EMAIL:

NAME:

DOB:

CURRENT ADDRESS:

POST CODE:

TEL:

FAX:

MOB:

EMAIL:

MAIN BRANCH WHICH YOU INTEND TO TRADE WITH:

TODMORDEN:

BACUP:

CREDIT LIMIT REQUIRED:

PERSONS AUTHORISED TO USE ACCOUNT:

TRADE REFERECE 1

COMPANY NAME:

COMPANY ADDRESS:

TELEPHONE:

CREDIT LIMIT:

TRADE REFERENCE 2

COMPANY NAME:

COMPANY ADDRESS:

TELEPHONE:

CREDIT LIMIT:

INVOICING

MAIN CONTACT FOR ENQUIRIES:

TELEPHONE:

EMAIL:

I AM HAPPY TO RECEIVE MY INVOICES & STATEMENTS VIA EMAIL:

I UNDERSTAND THAT THE TITLE OF THE GOODS SOLD ON ALL INVOICES SHALL REMAIN WITH NAVIGATION UNTIL INVOICE PRICE IS PAID IN FULL. GOODS ORDERED AND DELIVERED ONTO SITE ARE CONSIDERED ACCEPTED SHOULD NO-ONE BE AVAILABLE TO SIGN DELIVERY TICKET.

PRINT:

SIGNATURE:

POSITION:

DATE:

OFFICE USE ONLY

CREDIT LIMIT:

ACCOUNT NO:

I.D: