

JLM EUROPE LTD

ALVINA VALENTA BLUSH HAYLEY PAIGE JIM HJELM LAZARO
OCCASIONS TARA KEELY

Credit Application

PLEASE COMPLETE ALL ITEMS:

BILL TO ADDRESS:

Name: _____
Address: _____
City/Area/Post Code: _____
Phone: _____
Fax #: _____

SHIP TO ADDRESS:

Name: _____
Address: _____
City/Area/Post Code: _____
(If there are multiple store locations, please list
on reverse side of this form.)

NAME AND HOME ADDRESS OF OWNER

Name: _____
Address: _____
City/Area/Post Code: _____
Phone: _____

BANK REFERENCE

Name: _____
Branch / Sort Code: _____
Account#: _____
Address: _____

TYPE OF BUSINESS: _____ Proprietorship _____ Corporation _____ Partnership

How Long in Business: _____

How Long in Present Location: _____

TRADE REFERENCES

Name: _____
City/Area _____
Phone # _____
Account # _____
How Long? _____

Name: _____
City/Area _____
Phone # _____
Account # _____
How Long? _____

Name: _____
City/Area _____
Phone # _____
Account # _____
How Long? _____

Name: _____
City/Area _____
Phone # _____
Account # _____
How Long? _____

It is important that all JLM retailers follow up and confirm their orders.

Would you like your order confirmations faxed or emailed?

Fax # _____

Email _____

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Sales Representative: _____

THE GALLERY, BACK YORK PLACE, HARROGATE, HG1 1HQ

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