

# JLM Couture

ALVINA VALENTA BLUSH HAYLEY PAIGE JIM HJELM LAZARO  
OCCASIONS TARA KEELY

## Credit Application

PLEASE COMPLETE ALL ITEMS:

### BILL TO ADDRESS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax #: \_\_\_\_\_

### SHIP TO ADDRESS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
(If there are multiple store locations, please list on reverse side of this form.)

### NAME AND HOME ADDRESS OF OWNER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Security#: \_\_\_\_\_

### BANK REFERENCE

Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account#: \_\_\_\_\_  
Address: \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership

How Long in Business: \_\_\_\_\_

How Long in Present Location: \_\_\_\_\_

Terms Requested: \_\_\_\_\_ COD CASH \_\_\_\_\_ COD CHECK \_\_\_\_\_ OPEN ACCOUNT

Taxpayers ID#: \_\_\_\_\_

## TRADE REFERENCES

Name: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
How Long?: \_\_\_\_\_

Name: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
How Long?: \_\_\_\_\_

Name: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
How Long?: \_\_\_\_\_

Name: \_\_\_\_\_  
City/State: \_\_\_\_\_  
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: \_\_\_\_\_

525 Seventh Avenue, Suite 1703 New York, NY 10018 Phone 800.686.7880 Fax 212.768.2902