

# JLM Europe, LTD.

ALVINA VALENTA JIM HJELM LAZARO TARA KEELY

## Credit Application

PLEASE COMPLETE ALL ITEMS

### BILL TO ADDRESS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/County: \_\_\_\_\_  
Postcode/Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax # \_\_\_\_\_

### SHIP TO ADDRESS:

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

### NAME AND HOME ADDRESS OF OWNER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/County: \_\_\_\_\_  
Postcode/Country: \_\_\_\_\_  
Phone: \_\_\_\_\_

### BANK REFERENCE

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

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

How Long in Business: \_\_\_\_\_  
How Long in Present Location: \_\_\_\_\_  
VAT #: \_\_\_\_\_

### TRADE REFERENCES

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

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

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

Name: \_\_\_\_\_  
City/County: \_\_\_\_\_  
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: \_\_\_\_\_