

New Account Application

Applicants must be licensed Business with the ability to properly represent JL Marine products™. Please completely fill in the information below, return it with and any additional required copies. Upon receiving your application a JL Marine representative will provide the relevant additional forms to complete the application process.

1. Applicants attach a copy of your occupational license to this application.
2. Please include a copy of your sales tax certificate.

Applicant information

Company Name: _____

Billing address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Postal code _____ Country _____

Phone No: _____ Fax No.: _____ E-mail: _____

Contact Person: _____ Owner: _____

Ship to Address: _____

Ship to City: _____ State: _____ Zip: _____

Trade references: List three Marine, boating or fishing trade references Including phones numbers with whom you currently have a business relationship.

Name of business	Contact Person	Phone Number
1. _____,	_____	_____
2. _____,	_____	_____
3. _____,	_____	_____

TAX ID NUMBER _____ (If your tax status is other than taxable, please include a tax exempt form.)

Referrals: Please list the name of the Prostaff member or Person by whom you were referred.

Name _____

