



Welcome to Creative Resources

Thank you for your Hard Rock merchandise purchase! We appreciate your business and look forward to serving you and your franchise. To ensure that your orders are properly invoiced and charged, please complete this Customer Information Form.

Tell Us About Yourself

Franchisee Contact Name: _____

How many locations do you manage?

What is your shipping preference? (FOB / DDP)

Will you require price tags? If so, showing what currency?

Company Accounts Payable Contact:

A/P Contact Name

A/P Contact Phone

A/P Contact Email

Business Information

Business Name

Business Address

Business City/State/ZIP

Business Phone

Buyer Information

Buyer Contact Name

Buyer Contact Phone

Buyer Contact Email

Tax-Exempt Business Yes No
If Yes: Please provide tax exempt #/certificate

Preferred Payment Terms

- Prepay
- ACH
- Pay by credit card
- Credit terms Yes No

If Yes: Please complete credit application

Preferred Invoice/Statement Delivery by:

- Email
- Fax
- Mail to business address
- Mail to different address (below):

Billing Email

Billing Street Address

Billing City / State / ZIP

*Please return this form to your sales representative, fax to 952-988-9408
Or email to AR@acreativeresource.com*



creative **RESOURCES**

Customer Credit Application

Business Information

Initial Order \$: _____

Business Name _____

Federal ID No. _____

Business Address _____

Year Business Established _____

Business City/State/ZIP _____

At Present Location Since (Year) _____

Business Phone _____

Authorized Buyer(s) _____

D&B Number _____

Trade References

Reference No. 1

Reference No. 2

Reference Business Name _____

Reference Business Name _____

Address _____

Address _____

City/State/ZIP _____

City/State/ZIP _____

Phone _____

Phone _____

Contact Name _____

Contact Name _____

AGREEMENT:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I authorize the References named in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Upon approval of this application by Creative Resources the applicant agrees to make payment in accordance with the terms set forth by Creative Resources.

Signature of Owner/Officer _____

Date _____

Print Name/Title _____