Customer Account Application

New Account_____   Change of Ownership_____   Change of Address_____   Change of Name_____Other_____

Legal Business Name (Bill-To):	Business Name (Ship To):
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone: Fax:	Phone: Fax:
E-mail:	E-mail:
Owner's Name:	AP E-mail (required):
Federal Tax ID Number:	Number of Years in Business:

Distributor_____   Ice Cream Parlor_____   Grocery Store_____   School_____   Convenience Store_____   Other_____

BANK REFERENCE:
Name of Bank:
City, State, Zip:
Phone: Fax:

TRADE CREDITOR REFERENCES	
SUPPLIER # 1:	**SUPPLIER # 2:**
City, State, Zip:	City, State, Zip:
Phone:	Phone:

Customer Signature: _____

Name: (please print)   _____   Date: _____

* Please allow 2-3 business days for your application to be processed *

* An incomplete application could cause a delay *

* Applications will be processed in the order it has been received *   ACCOUNT | REV 11/19/2021

ACH Authorization

_____

Legal Business Company Name

_____

Name & Title (Please Print)

I authorize Cedar Crest Specialties, Inc. to initiate deductions from my checking/savings account for invoices due based on payment terms. This authority will remain in effect until I notify Cedar Crest Specialities, Inc. in writing to cancel it allowing Cedar Crest Specialties, Inc. proper time to do so.   I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution _____

City, State, Zip Code _____

Routing Number _____

Account Number _____

Account Type (please check one)   Checking   Savings

Please provide a voided check if checking account, or a letter from bank stating routing number and account number

_____   _____
Signature   Date

Corporate Office Distribution - 7269 Highway 60, Cedarburg, WI 53012
Manufacturing Plant - 2000 South 10th Street, Manitowoc, WI 54220
(262) 377-7252   (800) 877-8341   Fax (262) 377-5554   Updated: 5/20/2020