

# New Account Application Form

Spring Hill Jersey Cheese, Inc d.b.a. Petaluma Creamery  
621 Western Ave.  
Petaluma, CA 94952  
Phone: (707) 762-3446  
Fax: (707) 762-3455

Please complete the following application in full. This information is required to establish an account. It will be your responsibility to notify Spring Hill Jersey Cheese of any changes to your account information. *Please include a copy of your resale certificate.*

Sales Rep: \_\_\_\_\_ Terms: \_\_\_\_\_

## **Organization / Billing Information:**

Business Name: \_\_\_\_\_  
(This is how the name will appear on the account)

Buyer Contact: \_\_\_\_\_ Accounting Contact: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type of Company: \_\_\_\_\_

Resale Certificate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Trade References:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

**APPLICANT SIGNATURE REQUIRED:** \_\_\_\_\_