

TROYER'S

Of South Florida, Inc

Your Local Specialty Foods Distributor

8235 Consumer Court, Sarasota, FL 34240
 Office 941-379-6454 Text #941-702-2833
 office@troyersflorida.com www.troyersflorida.com

New Customer Application

Please mail, fax or email this completed form in.
 The personal guarantee must be signed in order to pay, using a personal or business check

Business Name _____ dba _____
 Billing Address _____ City _____ State _____ Zip _____
 Business Phone # _____ Email: _____ Text # _____
 Shipping Address if different than billing address:
 _____ City _____ State _____ Zip _____
 Type of Business _____ Established for ____ yrs. Annual Sales \$ _____
 Number of Stores: _____ Business Hours _____ Receiving Hours _____
 Fed ID # _____ * Resale Tax Cert # _____

Please email or text a copy of current Resale Tax Certificate, otherwise you will be charged sales tax

CONTACT INFORMATION

Name: _____ Title: _____ Email: _____
 Accounts Payable Contact: _____ Phone # _____ Email: _____
 Purchasing Contact : _____ Phone # _____ Email: _____

Would you like to receive sales/promo specials by text? Text # _____

Legal entity is: Proprietorship _____ Partnership _____ Corporation _____ Date Inc _____

If a corporation, list the names of officers and titles. If other entity, list names of partners/owners:

Name	Phone	City/State	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***** ALL ACCOUNTS ARE AUTOMATICALLY C.O.D, UNLESS REQUESTED OTHERWISE *****

If you are requesting payment terms, please fill out the portion below :

Terms requested: 7 Days _____ 14 Days _____

CREDIT INFORMATION

*(The **FIRST THREE** orders will be C.O.D. upon delivery. Payment terms requested will take effect after the third delivery)*

Signature for credit check _____

Business References:

<i>Company Name</i>	<i>Street Address</i>	<i>Phone</i>	<i>Fax</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Banking Information

<i>Bank Name</i>	<i>Address</i>	<i>Phone</i>
_____	_____	_____

INDIVIDUAL PERSONAL GUARANTEE

I, _____, residing at _____, am asking for
(Name) (Home Address)
 consideration of your extending credit at my request to _____
(Name of Company)

Of which I am _____ (position), hereby personally guarantee to Troyers of South Florida, Inc. payment of any financial obligation of the Company, and hereby agree to bind myself to pay on demand any sum which may be owed. The undersigned guarantor agrees to pay, in the event the amount becomes delinquent and is turned over to any attorney for collection, all attorney's fees plus attendant collection cost. The guarantor and Troyers of South Florida, irrevocably agree, and hereby consent that any actions or proceedings arising from or relation to or in connection with this guarantee shall be governed by the laws shall be in the state of Florida. This Guarantee shall be governed and interpreted under the laws and decisions of the state of Florida. If executed by more than one, the obligations of Guarantor shall be joint and several and all references to the singular shall be deemed in the plural. This guarantee shall be terminated twenty-five years from the date below. Applicant further agrees to pay 1/5% per month, on any past due amounts until collected. If this application is not approved, applicant has the right to request within 60 days to obtain the statement of specific reasons.

(Print Name) (Signature) (Date)

USE OF A CORPORATE SHALL IN NO WAY LIMIT THE PERSONAL LIABILITY OF THE GUARANTEE SIGNATORY.

For Office Use – Delivery Information

Sales Rep _____ North Week ____ South Week ____ Delivery Day _____ Delivery Min \$ _____ Route Area _____

Approved by: 1)Cust Serv _____ 2)Dispatch: _____ 3)Ofc: _____ 4) Sales: _____