

TROYER'S

Of South Florida, Inc

Your Local Specialty Foods Distributor

2227 Sarasota Center Blvd., Sarasota, FL 34240

Office 941-379-6454 Fax 941-981-1861

office@troysersflorida.com

www.troysersflorida.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: _____ Fax # _____

Shipping Address if different than billing address:

_____ City _____ State _____ Zip _____

Type of Business _____ Established for _____ yrs.

Fed Tax ID # _____ *Please attach copy of current Resale Tax Certificate*

Annual Sales Volume: _____ Number of Stores: _____

CONTACT INFORMATION

Name: _____ Title: _____ Email: _____

Accounts Payable Contact _____ Phone # _____

Purchasing Contact : _____

How do you wish to receive sales/special information?

Text # _____ Email: _____ Fax: _____

CREDIT INFORMATION

*(We require the **FIRST THREE** orders to be paid **C.O.D.**, upon delivery, via credit card, cash, certified check or money order)*

Signature for credit check _____

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 #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Terms requested: 7 Days _____ 14 Days _____

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 _____ Route Week _____
Delivery Route _____ Delivery Minimum _____