



# TROYER FOODS, INC. NEW ACCOUNT INFORMATION SHEET

## 1 CUSTOMER INFORMATION

ACCT#: \_\_\_\_\_  
 TRADE NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP  
 PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 AFTER HOURS #: \_\_\_\_\_  
 BUYER CONTACT: \_\_\_\_\_  
 A/P CONTACT: \_\_\_\_\_  
 BUSINESS TYPE: \_\_\_\_\_  
                   Corp.                    Prop.                    Partnership  
 FEDERAL I.D. #: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
 SALES REP#: \_\_\_\_\_ ASST.#: \_\_\_\_\_  
 STMT. CODE: \_\_\_\_\_  
 STMT ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP  
 BANK NAME: \_\_\_\_\_  
 BANK ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP  
 ACCOUNT NUMBER: \_\_\_\_\_

## 2 CUSTOMER PRICING & ROUTING INFORMATION

### PRICE RULE:

- Ad Planner Only     Fresh & Ad Planr  
 Fresh Feature     Manual Price  
 No Ad Planner / No Feature

### TIME ZONE:

- Central  
 East Indiana  
 Eastern

### RELATED GROUP/ACCT#'S:

### ACCOUNT TYPE:

- DEPT. TYPE:**  
 \_\_\_\_\_ Meat                    \_\_\_\_\_ Bakery  
 \_\_\_\_\_ Deli                    \_\_\_\_\_ Dairy  
 \_\_\_\_\_ Seafood                \_\_\_\_\_ Other  
 \_\_\_\_\_ Frozen                 \_\_\_\_\_ Specify  
    \_\_\_\_\_ Restaurant  
    \_\_\_\_\_ Other (Specify)

### ORDER TYPE:

\_\_\_\_\_ Direct                    \_\_\_\_\_ O. Guide                    \_\_\_\_\_ Pre-write

### DEFAULT PRICES:

DELIVERY DAYS: \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_ S

### SPECIAL SHEETS

\_\_\_\_\_ Ad Plnr                    \_\_\_\_\_ Menu Plnr                    \_\_\_\_\_ Both

WHAT DAY? \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_ S

ROUTE NAME

STOP #

	Mon	Tue	Wed	Thu	Fri	Sat
ROUTE NAME						
STOP #						

### ROADNET Time Windows:

TW1 \_\_\_\_\_ to \_\_\_\_\_

TW2 \_\_\_\_\_ to \_\_\_\_\_

HOURS OPEN / CLOSED \_\_\_\_\_ to \_\_\_\_\_

## 3 NOTES

HAS CUSTOMER BEEN GIVEN A CREDIT APPLICATION?

- YES                     NO

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** If open account is desired, we *must* have a credit application completed.

### CREDIT USE ONLY

CREDIT LIMIT \_\_\_\_\_

TERMS

- 0                    1                    2                    4                    Other  
 Net 7                    COD                    COD                    Pay Prior  
 Days                    Collect                    Cash Only                    Invoice



# Credit Application

**Troyer Foods, Inc.**

P.O. Box 608

Goshen, IN 46527

Phone: 574.533.0302

Fax: 574.533.3851

Date: \_\_\_\_\_

Employer Federal I.D. # : \_\_\_\_\_

Trade Name: \_\_\_\_\_ Year Established: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

Corporate Name: \_\_\_\_\_  Proprietorship  Partnership  Limited Liability Company

Mailing Address: \_\_\_\_\_  Corporation - State of: \_\_\_\_\_

Street Address: \_\_\_\_\_ Officers Names (Owners and/or Partners): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Is Applicant:  Distributor  Retailer  Other:

After Hours #: \_\_\_\_\_  Restaurant  C-Store

Fax: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

Does Applicant own business premises?  Yes  No Estimated Weekly Purchases: \_\_\_\_\_

Within the last five (5) years has applicant, or principal owners of applicant, been sued by a trade creditor or filed a petition under any Chapter of the Bankruptcy code?

Yes  No If yes, please explain: \_\_\_\_\_

## Suppliers:

1. \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Street Address / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Street Address / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Street Address / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Bank:

I hereby authorize release of information pertaining to my checking account number:

\_\_\_\_\_ Bank Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Street Address / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Our company is financially sound and able to pay all your invoices according to your terms.



# PERSONAL GUARANTEE OF ACCOUNTS

In consideration of Troyer Foods, Inc. selling merchandise

\_\_\_\_\_ Corporate / Trade Name

upon open account, we, the undersigned stockholders and/or principals of the company do guarantee payment to Troyer Foods, Inc. in full of all such accounts as may be incurred by our company with Troyer Foods, Inc.

This guarantee shall be a continuing guarantee of all accounts of the company whether now existing or incurred in the future and it shall not be considered as wholly or partially satisfied by the payment at any time of any sum of money at the time being due on such accounts, but it shall extend to and be a security for any future accounts incurred by the company as are contemplated hereunder until notice to the contrary shall be given by the undersigned in writing to Troyer Foods, Inc., at P.O. Box 608, Goshen, IN 46527-0608.

We further agree, collectively and severally, to allow a personal credit check on our history. We understand that this will **ONLY** be done by a commercial credit agency and the information will be kept strictly confidential.

We further agree, collectively and severally, that the amount or amounts hereby guaranteed shall be due and payable to you immediately upon receipt of written notice that the account of the company is past due served on each of us by posting of a letter by regular united States Mail to our last usual address, business or residential shown below.

We further agree and obligate ourselves to pay any and all reasonable attorney's fees and costs incurred in the collection of the accounts hereby guaranteed or the enforcement of the terms of this guarantee by Troyer Foods, Inc.

WITNESS our signature on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# TERMS AND CONDITIONS OF SALES

The "Purchaser" hereby agrees that all purchases from and extensions of credit by Troyer Foods, Inc.

("Troyer's") are subject to the terms and conditions set forth below. Any purchases not to be subject to these terms must be ordered and paid C.O.D.:

1. Unless otherwise agreed to in writing by Troyer's, all invoices are due and payable without discount or setoff within 7 days of the date Purchaser receives product from Troyer's.
2. Any claim that an order has not been received in whole or in part must be made to your sales representative by the end of the next business day.
3. Product returns will not be allowed without prior authorization in writing from Troyer's. In the event Purchaser returns any product, Purchaser may be required to pay Troyer's a restocking charge of 10% of the returned product.
4. Any claim that an order has been received in a damaged or spoiled condition in whole or in part must be made to your sales representative within 5 days from the date the product is received. Purchaser agrees that all such claims are waived and released if not made within 5 days of delivery.
5. Purchaser agrees that any claim for pricing discounts, promotions, etc., will not be deducted from payments, but must be made to your sales representative within 14 days from the date product is received, and that any such claims are waived and released if not made within such time.
6. Purchaser agrees to pay a finance charge on all past due sums at the rate of 1.5% per month (or the maximum amount allowed by law if less than 1.5% per month).
7. Purchaser agrees to pay Troyer's a service charge of \$30.00 plus bank charges for all protested checks returned by the bank.
8. Purchaser agrees to pay, in the event the account becomes delinquent and is turned over to an attorney or agency for collection, all reasonable collection costs, including without limitation any agency and/or attorney's fee.
9. Purchaser agrees to immediately notify Troyer's in writing of any change of ownership of Purchaser or of any change of financial status, which renders or threatens to render Purchaser insolvent.
10. Purchaser agrees that this Agreement shall be governed and construed under Indiana law and that venue of any action to enforce any terms of this Agreement, and any and all other litigation or proceedings between Troyer Foods and purchaser, shall only be brought in Elkhart County, State of Indiana, and purchaser waives any jury trial.

The foregoing covenants, waivers, releases and promises are made in consideration of Troyer's extending credit to

**Purchaser on open account.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Customer Name)

\_\_\_\_\_  
(Date)

**TROYER FOODS, INC. • 17141 ST. RD. 4 • P.O. BOX 608 • GOSHEN, IN 46527-0608  
TELEPHONE (574) 533-0302 • FAX (574) 533-3851**



TROYER FOODS, INC.  
 17141 St. Rd. 4  
 P.O. Box 608  
 Goshen, IN 46527-0608  
 (574) 533-0302

## CREDIT INQUIRY

**FAX (574)533-3851**

Date \_\_\_\_\_

We are in the process of evaluating credit for the company noted below. They have given your company as a business reference.

Account Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

We would appreciate the following information:

Account Opened: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Terms: \_\_\_\_\_

Total amount now owing: \_\_\_\_\_  
 (notes included)

Amounts past due: \_\_\_\_\_

Largest amount owing recently: \_\_\_\_\_

Recent trend towards: \_\_\_\_\_

Credit refused (state reason) \_\_\_\_\_

NSF Checks: \_\_\_\_\_

CHECK MANNER OF PAYMENT  
 (  ALL THAT APPLY)

- Discounts
- Prompt & Satisfactory
- Prompt to \_\_\_\_\_ days slow
- Cash in advance
- Pay in installments
- Slow but collectable
- Slow and unsatisfactory
- Accepts C.O.D.'s promptly
- Notes paid at maturity
- Accounts secured
- Collected by attorney
- In hands of attorney

If you have had no experience within a year, please check.

This information will be held in strict confidence.

Always glad to reciprocate.

Very truly yours,

Credit Manager



# Request for Bank Credit Information

Date: \_\_\_\_\_

RE: \_\_\_\_\_

To: \_\_\_\_\_

Company

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Bank Account #

The above referenced account has applied to us for an open credit line of \$\_\_\_\_\_ and has given your bank as a reference. Please fill in the information requested below. We would appreciate any additional information, which would prove helpful.

We will be pleased to reciprocate at any time

**Please fax or return a copy of this completed form to my attention at the following fax# or address below:**

Sincerely,

Troyer Foods, Inc.  
C/O: Credit Manager  
P.O. Box 608  
Goshen, IN 46527  
**Fax#: (574) 533-3851**

1-800-876-9377 ext. 212

**CHECKING ACCOUNT:**

Returned Items:  Yes  No

Opened: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Satisfactory:  Yes  No

**LOANS:**

Opened: \_\_\_\_\_ High Credit: \_\_\_\_\_

Balance: \_\_\_\_\_

Secured by: \_\_\_\_\_

Unsecured: \_\_\_\_\_

Payment History: \_\_\_\_\_

Opened: \_\_\_\_\_ High Credit: \_\_\_\_\_

Balance: \_\_\_\_\_

Secured by: \_\_\_\_\_

Unsecured: \_\_\_\_\_

Payment History: \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_