



* 17141 State Road 4 * P.O. Box 608 * Goshen, IN. 46527-0608
 Telephone (574) 533-0302 * Fax (574) 533-3851
www.troyers.com

DSR New Item Request Form

DSR Name : _____

Date : _____

**M
A
N
U
F
A
C
T
O
R
Y**

Item Description : _____

Manufacturer : _____

Manufacturer item # (if available) _____

Pack Size : _____ **Bar Code # :** _____

(if available)

Customer (s) : _____

Customer # : _____

**M
A
N
U
F
A
C
T
O
R
Y**

Additional Information from the packaging : _____

Stock :

Pre Order :

What is the weekly case movement on this item ? _____

What price is the customer currently paying for this item ? _____

Any additional information on reason for new item request : _____

Category Manager : _____

Once all lines are completed Email to Bonnie Cripe (bonniec@troyers.com) & copy category manager

