



TROY™

TROY INDUSTRIES Dealer Application

128 Myron St. W. Springfield, MA 01089
PH: 413.788-4288 FAX: 413.788.4610
www.troyind.com

FOR INTERNAL OFFICE USE ONLY

Accepted by: _____
Customer #: _____
Date: _____

PLEASE PRINT OR TYPE

COPIES OF BUSINESS LICENSE & TAX LICENSE MUST ALSO BE ATTACHED

Contact Name _____

Name of Business _____

DBA _____

Bill- To Address _____

City _____ State _____ Zip _____

Country _____

Ship-To Address _____

Commercial or Residential (please circle one)

City _____ State _____ Zip _____

Country _____

Additional Locations: Yes No (please circle one)
If Yes, Please attach number of locations and addresses

Phone: _____

Fax*: _____

Web Site Address: _____

E-Mail: _____

Do you wish to receive promotional faxes & e-mails sent by TROY?
Yes No
(please circle one)

Resale/Sales Tax No. _____

*COPIES OF BUSINESS LICENSE & TAX LICENSE (WHERE APPLICABLE)
MUST ALSO BE ATTACHED.*

Number of Years in Business: _____

Method of Payment Requested:

Net Account (upon approval) _____ Credit Card _____

COD _____ Other _____

Business operates from :

Store Front _____ Catalog _____ Online Auction _____

Direct Mail _____ Shows _____ (please circle one)

Website _____

Other _____

Please list Two Industry Vendor lines you now carry:

Company Name: _____

City: _____ State: _____ Zip: _____

Phone: _____

Doing Business Since: _____

Company Name: _____

City: _____ State: _____ Zip: _____

Phone: _____

Doing Business Since: _____

How did you hear about TROY and/or TROY products? _____

Do you attend Trade Shows to find new vendors? If, yes, please list. _____

Additional Comments and/or Questions: _____

I certify that the statements made by me in this Application are correct to the best of my knowledge. I authorize TROY to verify the information I have provided.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Troy Industries, Inc – 128 Myron Street, West Springfield MA 01089
 (413)-788-4288 Phone (413)-383-0339 Fax
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:			
Contact name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?		Website:	
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:		Account number:	
Savings:		Checking	
Year in operation		2005 turnover	
Major markets:		Est. Monthly Sales	
Customers:			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

All invoices are to be paid 10 days from the date of the invoice. Claims arising from invoices must be made within seven working days. By submitting this application, you authorize Troy Industries, Inc. to make inquiries into the banking and business/trade references that you have supplied. Documents required are FFL, Sales tax and resale certificate, Business License, Proof of advertising, State ID.

SIGNATURES

Title: Date:	Title: Date:
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