

MANUFACTURER*

 DISTRIBUTOR*

 DATE*

ACCOUNTS PAYABLE

PURCHASING

NAME*
(must be name of Individual who fills out form)

COMPANY NAME*		
ADDRESS 1*		
ADDRESS 2		
CITY/STATE/ZIP*		
FAX*		
PHONE*		
CONTACT*		
PAYMENT TERMS*		
WARRANTY*		
VENDOR PRODUCT LINE PROFILE		
DROP SHIP POLICY*		
FREIGHT TERMS*	PREPAID & ADD UP TO : \$	DELIVERED OVER: \$
ORDER POLICY		
SHIP FROM ZIP CODE		
RETURN POLICY		
WEB ADDRESS		

SUPPORT PROGRAMS

VOLUME INCENTIVE REBATE (VIR) :	%
GROWTH INCENTIVE REBATE (GIR) :	%
CO-OPERATIVE FUNDS (COOP) :	%
GRANT PROGRAM :	Participation requires minimum 2% coop and signed contract. See ESGRP link at www.trox.com .
INSTRUCTIONS :	For more information see the Vendor Knowledgebase under Website Tutorials at www.trox.com .
I AGREE TO MAINTAIN PRODUCTS ON WWW.TROX.COM	<input type="checkbox"/>

VENDOR CONTACT INFO	NAME	TITLE	EMAIL	TEL	EXT
EXECUTIVE					
SALES EXECUTIVE					
IT/MIS					
ADVERTISING					
ACCOUNTING					
CUSTOMER SERVICE					
BID REQUEST					
SUPPORT PROGRAM					
SPIFF PROGRAM					
GRANT ADMINISTRATOR					

*REQUIRED FIELDS