

# FOX VALLEY ELEVATOR™

## Dealer Application

**Please complete and return the following forms enclosed:**

*Dealer Application*  
*Liability Release Form*  
*Application for Credit*

**Please provide these forms with your application to be considered complete:**

*General Liability Certificate of Insurance*  
*Workman's Compensation Certificate of Insurance*

Email:  
Info@foxvalleyelevator.com

Mail:  
Wisconsin Elevator Company LLC.  
d/b/a Fox Valley Elevator  
1726 N. Ballard Road, Suite 1  
Appleton, WI 54911

**Wisconsin Elevator Company, LLC. d/b/a Fox Valley Elevator**

1726 North Ballard Road, Suite 1 – Appleton, Wisconsin 54911 – Phone: 800-238-8739 – Fax: 920-991-9087

**Dealer Application**

Company Name: \_\_\_\_\_ Main Sales Contact: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
(If different than above)

Additional Office Locations: \_\_\_\_\_

Liability Insurance Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_  
(Send Copy with Dealer Application) (\$2,000,000 minimum)

How Long in Business: \_\_\_\_\_ Elevator License #: \_\_\_\_\_ # of Installers/Techs: \_\_\_\_\_

Union  Non Union # of Salespeople: \_\_\_\_\_ Office Warehouse Space: \_\_\_\_\_ Showroom Space: \_\_\_\_\_

Yearly Gross Sales: \_\_\_\_\_ # of Units Installed Last Year: \_\_\_\_\_ Sales Manager: \_\_\_\_\_

States of Territory Normally Covered: \_\_\_\_\_

Sales & Marketing Methods: Specific \_\_\_\_\_

Market(s): \_\_\_\_\_

How Did You Hear About Fox Valley Elevator? \_\_\_\_\_

Which Fox Valley Elevator Product(s) Do You Wish to Sell?  All  Elevators  Dumbwaiters  Parts Only

Fox Valley Elevator Will Be Your:  Primary Line  Secondary Line

If Secondary, Please List Primary Lines Carried: \_\_\_\_\_

List Other Residential Elevator/Dumbwaiter Suppliers: \_\_\_\_\_

**INITIAL CREDIT TERMS ARE ½ IN ADVANCE BALANCE BEFORE SHIPMENT (PARTS ORDERS WILL BE CREDIT CARD ONLY)**

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHEDULE A**

**Approved Products**

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

Sales Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Business Development Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Area(s) of Responsibility: \_\_\_\_\_

Assigned Account Manager: \_\_\_\_\_

Must Attend Training:  YES  NO

- All
- Elevators
- Dumbwaiters
- Parts Only

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# **Common Requirements for Dumbwaiter and Elevator Installations**

Wisconsin Elevator Company, LLC. d/b/a Fox Valley Elevator, as a manufacturer, recommends the following abbreviated installation procedures. They are indicative of Elevator Safety Regulations in most states, but are not verbatim, nor complete. Wisconsin Elevator Company, LLC. d/b/a Fox Valley Elevator requires all dealers install its products in accordance with all applicable local and national codes and other legal requirements. Dealers are solely responsible for the proper installation of elevators and dumbwaiters. The purpose of this document is to notify you that safety is important and that there are regulations governing dumbwaiter and elevator installations.

We, therefore, suggest that you, as the elevator contractor:

- 1) Submit the application permit (if required) for this work with your local and/or state agencies.
- 2) Must enclose the Lift in a hoistway in a legal manner.
- 3) Must equip said hoistway doors with approved door locks (per code requirements).
- 4) Contain all wiring in conduit or enclosures as required by code.
- 5) Provide a legal access door to the machine area.
- 6) Equip each hoistway door with a ¼" clear, wire glass vision panel of legal size (when required).
- 7) See that there is an Emergency Access Key(s) to release the door locks per code requirements.
- 8) Run low voltage control wiring in separate conduit from high voltage wiring.
- 9) Furnish a fused dedicated disconnect for each power line
- 10) Mount the controller outside the hoistway on the adjacent hoistway wall at the machine location (see layout drawing).
- 11) Provide a telephone in the cab connected to a central exchange before turning the unit over to the customer (if an elevator).
- 12) Make certain that ALL installation instructions are followed, and that the dumbwaiter/elevator is thoroughly tested before turning over to the customer!

**We repeat, check with your governing authorities for applicable regulations!**

**Letter LR-116B**

**Wisconsin Elevator Company, LLC. d/b/a Fox Valley Elevator**

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## Liability Release Form

We hereby assume complete responsibility for the safe and legal installation of all Wisconsin Elevator Company, LLC d/b/a Fox Valley Elevator's equipment purchased by us, previously, and in the future including elevator gates, interlock, etc.

We have been informed of general safety requirements, and of the existence of elevator regulations, having received Wisconsin Elevator Company, LLC d/b/a Fox Valley Elevator's form letter LR-116B.

We further understand that any materials not purchased with subject equipment, but necessary for safe and proper installation and use shall be provided by the installing contractor.

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

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

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

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

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

The purpose of our Liability Release form is to alert our customer to the necessity of their providing a safe installation that complies with all national, state, and local code requirements.

WISCONSIN ELEVATOR COMPANY, LLC d/b/a FOX VALLEY ELEVATOR remains responsible for the manufacturing of our dumbwaiter and/or elevator equipment to meet ASME A17.1 standards.

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**Application for Credit**

TO: Wisconsin Elevator Company, LLC. d/b/a Fox Valley Elevator, 1726 North Ballard Road, Suite 1, Appleton, Wisconsin 54911 for the purpose of obtaining merchandise from you on credit, the following statement in writing is made intending that you should rely on same as correct:

FIRM NAME: \_\_\_\_\_

Name if Parent Company if Subsidiary: \_\_\_\_\_

Owner/partners' Name(s): \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

Year Established: \_\_\_\_\_ At present location since (date): \_\_\_\_\_

Is business incorporated?  YES  NO If so, under laws of what state? \_\_\_\_\_

Where do you bank? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Do you pledge or borrow on your accts, rec? YES NO From whom? \_\_\_\_\_

Insurance carried (specify): \_\_\_\_\_ Ever had fire loss  YES  NO

Are you owing any other supplier on a billing more than 60 days old?  YES  NO

Explanation: \_\_\_\_\_

REFERENCES: (Give only names of those you buy from an open account. Show high credit extended by each)

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ High Credit: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ High Credit: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

3) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ High Credit: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**CREDIT TERMS**

Subject to review

**ADDITIONAL  
INFORMATION MAY  
BE WRITTEN ON  
EXTRA SHEETS**

For: \_\_\_\_\_  
(FULL NAME OF FIRM)

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
(OWNER OR OFFICER OF CORPORATION)