

## ANNUAL CONTACT VERIFICATION FORM

THIS FORM IS TO ENSURE YOUR CONTACT, BILLING, AND SHIPPING INFORMATION IS ACCURATE AND UP TO DATE ON YOUR ACCOUNT. PLEASE PROVIDE A SEPARATE COPY FOR EACH CONTACT AND LOCATION. THIS FORM CAN ALSO BE FOUND UNDER THE [DEALER LOGIN](#) ON OUR WEBSITE. FOR LOGIN ASSISTANCE OR TO SUBMIT THIS FORM PLEASE EMAIL: [info@foxvalleyelevator.com](mailto:info@foxvalleyelevator.com).

Dealership Information* (Required*)	Change Request: <input type="checkbox"/> YES <input type="checkbox"/> NO
Company Name: *	_____
Dealer No.: * (Ex: ABC01)	_____ Main Phone: * _____
Street Address: *	_____ Suite/Unit: _____
City: *	_____ State: * _____ ZIP: * _____
Check all that apply: *	<input type="checkbox"/> Billing Address <input type="checkbox"/> Commercial <input type="checkbox"/> Parts Ship To (under 130 lbs.) <input type="checkbox"/> Freight Terminal  <input type="checkbox"/> PO Required <input type="checkbox"/> Residential <input type="checkbox"/> Freight Ship To (palletized product over 130 lbs.)
Alt Phone: _____	Alt Phone: _____
Primary Email: *	_____ Can be used for: _____
*Your Primary Email will automatically be <b>Opt in</b> to receive important emails from Fox Valley Elevator.	

Primary Contact at the above location*	Change Request: <input type="checkbox"/> YES <input type="checkbox"/> NO
First/Last Name: *	_____ Nickname: _____
Title: *	_____ Role: * _____
Direct Work Phone: *	_____ Ext: _____ Cell Phone: _____
Email: *	_____ Birthdate: _____ Gender: _____
*Your Primary Email will automatically be <b>Opt in</b> to receive important emails from Fox Valley Elevator.	
<input type="checkbox"/> Owner <input type="checkbox"/> AP/AR <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Office Assistant <input type="checkbox"/> Tech/Installer/Parts	
Elevator Contractor License Info, if any:	Type: _____ Area: _____ Effective: _____
	Number: _____ Expires: _____

Additional Contact at the above location	Change Request: <input type="checkbox"/> YES <input type="checkbox"/> NO
First/Last Name: *	_____ Nickname: _____
Title: *	_____ Role: * _____
Direct Work Phone: *	_____ Ext: _____ Cell Phone: _____
Email: *	_____ Birthdate: _____ Gender: _____
<input type="checkbox"/> <b>opt in</b> to receive important emails from Fox Valley Elevator (Highly Recommended)	
<input type="checkbox"/> Owner <input type="checkbox"/> AP/AR <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Office Assistant <input type="checkbox"/> Tech/Installer/Parts	
Elevator Contractor License Info, if any:	Type: _____ Area: _____ Effective: _____
	Number: _____ Expires: _____

## ADDITIONAL CONTACTS

Additional Contact	Change Request: <input type="checkbox"/> YES <input type="checkbox"/> NO
First/Last Name: *	Nickname: _____
Title: *	Role: * _____
Direct Work Phone: *	Ext: _____ Cell Phone: _____
Email: *	Birthdate: _____ Gender: _____
<input type="checkbox"/> <b>Opt in</b> to receive important emails from Fox Valley Elevator ( <i>Highly Recommended</i> )	
<input type="checkbox"/> Owner <input type="checkbox"/> AP/AR <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Office Assistant <input type="checkbox"/> Tech/Installer/Parts	
<b>Elevator Contractor License Info, if any:</b>	Type: _____ Area: _____ Effective: _____
	Number: _____ Expires: _____

Additional Contact	Change Request: <input type="checkbox"/> YES <input type="checkbox"/> NO
First/Last Name: *	Nickname: _____
Title: *	Role: * _____
Direct Work Phone: *	Ext: _____ Cell Phone: _____
Email: *	Birthdate: _____ Gender: _____
<input type="checkbox"/> <b>Opt in</b> to receive important emails from Fox Valley Elevator ( <i>Highly Recommended</i> )	
<input type="checkbox"/> Owner <input type="checkbox"/> AP/AR <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Office Assistant <input type="checkbox"/> Tech/Installer/Parts	
<b>Elevator Contractor License Info, if any:</b>	Type: _____ Area: _____ Effective: _____
	Number: _____ Expires: _____

Additional Contact	Change Request: <input type="checkbox"/> YES <input type="checkbox"/> NO
First/Last Name: *	Nickname: _____
Title: *	Role: * _____
Direct Work Phone: *	Ext: _____ Cell Phone: _____
Email: *	Birthdate: _____ Gender: _____
<input type="checkbox"/> <b>Opt in</b> to receive important emails from Fox Valley Elevator ( <i>Highly Recommended</i> )	
<input type="checkbox"/> Owner <input type="checkbox"/> AP/AR <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Office Assistant <input type="checkbox"/> Tech/Installer/Parts	
<b>Elevator Contractor License Info, if any:</b>	Type: _____ Area: _____ Effective: _____
	Number: _____ Expires: _____

## SHIPPING VERIFICATION

<b>Primary Ship To* (Required*)</b>	Is this a Change Request: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Shipping Address: \* \_\_\_\_\_ Suite/Unit: \_\_\_\_\_  
 City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ ZIP: \* \_\_\_\_\_

**Check all that apply, if different than Page 1:**

- Billing Address     Commercial     Parts Ship To (*under 130 lbs.*)     Freight Terminal  
 PO Required     Residential     Freight Ship To (*palletized product over 130 lbs.*)

\*Will the ship to address change?  YES  NO    If YES, Explain: \_\_\_\_\_

\*Will you require shipments coordinated through a Third- Party Logistics company?  YES  NO

\*If NO, will you require FVE to coordinate your shipments through your preferred carrier?  YES  NO

\*If YES, Company Name: \_\_\_\_\_

If YES, who is your preferred carrier? \_\_\_\_\_

Contact Email: \_\_\_\_\_

If NO, our preferred carrier is **Estes Express**.

Collect Account #, if any: \_\_\_\_\_

- \*Special Requests – Check all that apply:**
- Freight Carrier to Notify 24 hours prior to Delivery     Liftgate     Tail Unload  
 Appointment Required     Job Site Delivery     Self-Storage Facility

\*Hours of Operations: \_\_\_\_\_ Shipping/Receiving Hours, if different: \_\_\_\_\_

\*Does this Location have a receiving dock?  YES  NO    \*Will you be hand unloading or using a forklift? \_\_\_\_\_

<b>Primary Contact for Coordinating Shipments*</b>	Is this a Change Request: <input type="checkbox"/> YES <input type="checkbox"/> NO
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First/Last Name: \* \_\_\_\_\_ Nickname: \_\_\_\_\_

Title: \* \_\_\_\_\_ Role: \* \_\_\_\_\_

Direct Work Phone: \* \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email to receive Tracking: \* \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

- Owner     AP/AR     Sales/Marketing     Office Assistant     Tech/Installer/Parts  
 Shipping/Receiving

<b>Secondary Contact</b>	Is this a Change Request: <input type="checkbox"/> YES <input type="checkbox"/> NO
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First/Last Name: \* \_\_\_\_\_ Nickname: \_\_\_\_\_

Direct Work Phone: \* \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email to receive Tracking: \* \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

- Owner     AP/AR     Sales/Marketing     Office Assistant     Tech/Installer/Parts  
 Shipping/Receiving