

Waupaca Elevator® Company, Inc.

1726 N. Ballard Road, Ste. 1 – Appleton, WI 54911 – Phone: 800-238-8739 – Fax: 920-991-9087 www.waupacaelevator.com

New 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: _____

Present Sales & Marketing Methods: _____

Specific Market(s): _____

How Did You Hear About Waupaca Elevator? _____

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

Waupaca Elevators 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 (TERMS WILL BE REVIEWED AFTER CREDIT CHECKS)

Signed By: _____ Title: _____

Print Name: _____ Date: _____

DO NOT WRITE IN THIS BOX
OFFICE ONLY

Approval Date: _____

Sales Manager: _____ Date: _____

Assigned Account Manager: _____

Must Attend Training: YES NO

Approved Products

- All
- Elevators
- Dumbwaiters
- Parts Only

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Common Requirements for Dumbwaiter and Elevator Installations

We, as a manufacturer, feel obligated to recommend the following abbreviated installation procedures. They are indicative of Elevator Safety Regulations in most states, but are not verbatim, nor complete. The purpose 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 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!

With best regards,

Gary Ziebell
VP, Operations Manager

Letter LR-116B

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Liability Release Form

We hereby assume complete responsibility for the safe and legal installation of all WAUPACA ELEVATOR COMPANY’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 WAUPACA ELEVATOR COMPANY’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.

WAUPACA ELEVATOR COMPANY, INC. 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: WAUPACA ELEVATOR CO., INC., 1726 NORTH BALLARD ROAD, SUITE 1, APPLETON, WI 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)

Sales of less than \$50,000 - 1/2 balance to *schedule* the unit, remaining balance to *ship* the unit.

Sales of greater than \$50,000 but less than \$100,000 - 1/2 balance to *schedule* / Net 30 days.

Sales of greater than \$100,000, 2% 20 days / Net 30 days.

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

For: _____
(FULL NAME OF FIRM)

Signed: _____ Dated: _____
(OWNER OR OFFICER OF CORPORATION)