

**INTERNAL KMBS USE ONLY**

**CONTACT INFORMATION**

<b>Pre-Call / Confirmation Contact</b>		<b>Phone</b>	<b>E-Mail Address</b>	
Pam Fisher		(928) 474-2029	pfisher@co.gila.az.us	
<b>Primary Delivery Contact</b>		<b>Phone</b>	<b>Alternate Delivery Contact</b>	<b>Phone</b>
Pam Fisher		(928) 474-2029	Misti Williams	(928) 402-8745
<b>Accounts Payable Contact</b>		<b>Phone</b>	<b>E-Mail Address</b>	
Misti Williams		(928) 402-8745	mwilliams@co.gila.az.us	
<b>Meter Contact</b>		<b>Phone</b>	<b>E-Mail Address (Meters)</b>	<b>Fax Number (Meters)</b>
Pam Fisher		(928) 474-2029	pfisher@co.gila.az.us	
<b>Sales Rep</b>	<b>Sales Rep #</b>	<b>Split %</b>	<b>Phone</b>	<b>Sales Rep Name (Please Print)</b>
Originating / Lead	9415280	100%	(602) 531-2910	Jay W. Douglas
Order Taking / Selling	9415280		(602) 531-2910	Jay W. Douglas
Servicing / Installing	9415280		(602) 531-2911	Jay W. Douglas
Sales District #	94109	100%	<b>Split % Approval (unless over-ridden by Master Agreement):</b>	

**ADDITIONAL ORDER INFORMATION**

**Customer Type**

State Government   
  Federal Government   
  Key Account   
  National   
  Print for Pay   
  Branch   
  Windsor Commercial

**Deduction(s):**

Lease Reimb/Rebate (ZLEA): \_\_\_\_\_   
  Service (ZSVC) \_\_\_\_\_   
  Shipping (ZADY) \_\_\_\_\_   
  Other (ZMOT) \_\_\_\_\_ Describe: \_\_\_\_\_

**Additional Documents & Attachments:**

Buyout Quote/Letter   
  DNA w/ vCare #: \_\_\_\_\_ If checked indicate #   
  Price Exception   
  Other \_\_\_\_\_ Describe \_\_\_\_\_

Check (Copy)   
  Equipment Removal Authorization   
  Purchase Order

Credit Application   
  Lease Document with Approval   
  Tax Exempt Certificate

Contingency Demo Acknowledgement   
  Lease Reimbursement/Rebate

**Delivery**  **Pick-Up (See Pg 1)**  **No Movement**  **Dealer Install**  **New Customer**  → **CRM Row ID#** \_\_\_\_\_

**Object Type:** \_\_\_\_\_ **Date/Time Submitted to Admin:** \_\_\_\_\_

**Lease #:** \_\_\_\_\_ **Date Document Sent to Lease Company:** \_\_\_\_\_

**AGREEMENT INFORMATION**

<b>PE #</b> _____	<b>State of AZ Contract</b> _____	<b>Agreement</b> _____	<b>ADSP011000228</b>	<b>Customer Code 1</b> _____
<b>Promotion #</b> _____	<b>Subfleet / Price Plan</b> _____	_____ / _____	_____	<b>Customer Code 2</b> _____
				<b>Customer Code 3</b> _____

**COMMENTS & SPECIAL INSTRUCTIONS**

COUNTY ATTORNEY APPROVAL AS TO FORM:

\_\_\_\_\_

Bryan Chambers, Chief Deputy County Attorney \_\_\_\_\_ Date \_\_\_\_\_

**PRE-CALL / CONFIRMATION INFORMATION**

SPOKE WITH: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Confirmed Ship To Address   
  Confirmed Delivery Contact   
  Confirmed Alternate Contact   
  Confirmed Telephone #

Delivery Entrance  Yes  No   
 Is Site Ready  Yes  No   
 Delivery Hours \_\_\_\_\_ AM to \_\_\_\_\_ PM

Front   
 Back   
 Side   
 If No, When \_\_\_\_\_   
 Mon   
 Tues   
 Wed   
 Thurs   
 Fri

Loading Dock  Yes  No   
 Elevator  Yes  No   
 Equipment Pick-up required  Yes  No

Stairs  Yes  No If yes, how many \_\_\_\_\_   
 Turns or Landings  Yes  No If yes, how many \_\_\_\_\_

Special requirements (i.e. certificate of insurance, security check, customer comments, etc)

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If unable to reach the customer, list date/time attempted    1st call: \_\_\_\_\_    2nd call: \_\_\_\_\_    3rd call: \_\_\_\_\_

<b>Intermediate Consignee</b> _____	<b>KIT #</b> _____
<b>Order Package Edited By:</b> _____ <b>Date:</b> _____	<b>Credit Approval:</b> _____ <b>Date:</b> _____
<b>SALES ORDER #</b> _____	<b>3rd Party Order #</b> _____
<b>DELIVERY DOC #</b> _____	<b>PO#</b> _____
<b>PICK-UP ORDER #</b> _____	<b>SUPPLY ORDER #</b> _____
<b>DELIVERY DOC #</b> _____	<b>DELIVERY DOC #</b> _____

**THIS CONTRACT IS SUBJECT TO THE CANCELLATION PROVISION OF A.R.S. 38-511**