



FOX APPLIANCE PARTS OF MACON, INC.

P.O. BOX 13486

MACON, GEORGIA 31208-3486

www.foxmacon.com

Dear Multi-Family Housing Manager:

It is essential we update our records on the complex(s) you manage and the Management Company which oversees your complex(s). Please be good enough to complete this short information request so we can update the information required to be associated with your account at Fox Appliance Parts of Macon, Inc.

Thank you,

Kathy Wood, Credit Mgr., kathy@foxmacon.com, 478-788-1793 ext.224, Fax No.: 478-784-0180
(800-342-7130) “ “

Complex Mgr. Name: _____ Email _____ Phone: _____

Account Name: Acct. No.

Management Co. Name: _____ Phone: _____

Contact Person: _____ Email _____ Phone Ext.: _____

Address: _____ City: _____ St.: _____ Zip: _____

Would You Prefer Invoices Be Sent To: Your Complex Management Company

Would you prefer your invoices Emailed Faxed Mailed, Please Provide Fax No.: _____

If Emailed to Management Co. please provide an email address _____

*****PLEASE FAX, EMAIL OR MAIL THIS COMPLETED FORM TO ANY OF THE ABOVE CONTACT #'S*****

6357 HAWKINSVILLE ROAD • MACON, GEORGIA 31216

TOLL FREE PHONE (800) 342-7130
PHONE (478) 788-1793

TOLL FREE FAX (800) 322-5807
FAX (478) 784-0180

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