

LG Excellence Contractor Program

Pre Enrollment Form

Contractor Company Information			
Contractor Company name (Legal Name):			
Branch Name (or Alternati	ve Name:		
Address (No PO Boxes):			
City:	y: State: Zip:		
Phone Number: Fax Number:			
Program Key Contact: Company Web Site:			Site:
Market Focus:	Residential	Comercial	Both
Service Area of Contractor (States, Counties or Zip Codes)			
	Contractor Copro	orate Information (if a	Applicable)
Address:			
City:	State:	Zip:	
Phone Number:		Fax Number:	
Distributor Authorization			
Distributor name:			
Branch Location:			
-			
Territory Manager (TM):			
TM Phone Number:			
TM Email Address:			
TM Signature:			
Date:			
Nomination from Distributor:			
Please provide a brief bio on the Contractor company and its guiding principles for the LG			
Excellence program that LG can use as part of its evaluation process. Examples include, but are			
not limited to, what does t	he contractor expect	t to gain from the LG	Excellence program; how will
the contractor use their LG Excellence status, should LG approve their application; how many			
systems does the contractor expect to install in the next 12 months; and why the contractor and			
Distributor believe the contractor should be part of the LG Excellence program.			
-			
-			