

Consumer Electronic Distributor Retail Fulfillment Dealer Application

Corporate or Other Legal Name:			
Trade Name:			
Legal Form of Business Entity			
Principals Address, City, St & Zip Code:			
Principals Tele #:			
Principals Fax #:			
Principals Email Address:			
Channel of Business:	Retail	Custom	Rental

Consumer Electronic Distributor hereby request that the above-named ~~%Dealer~~ be recognized as an authorized dealer with authority to promote and sell consumer electronics products and accessories made available from LGEUS under its sales programs.

 ✓ Authorized Locations- Attachment A

Dealer

By: _____

Name: _____

Title: _____

Date of Signature: _____

**ATTACHMENT A
AUTHORIZED LOCATIONS- RETAIL DEALER**

Retail Store Locations & Contact Information:

Main Office Location:

_____, _____, _____, _____
(Street Address) City State Zip

Contact:

Telephone:

Fax:

Email:

Other Authorized Retail Store Locations

(Attach list if desired - must include Contact Name, Title, Street Address, City, State, Zip, Tele, Fax, Email):