

LOWE'S INSTALLER PRE-APPLICATION FORM

Please fill out this pre-application form and fax to (704) 757-0626. It will then be forwarded to your local Area Manager who will contact you about your interest in becoming an Installer for Lowe's.

Company name:			
Contact name:			
Company Address:			
Installer phone:		Installer cell phone:	
Installer fax:		Installer email:	
Please check the box	that applies to your ex	vnertise	
\square Cabinets	\Box Countertops	□ Appliances	□ Window treatment
□ Windows	Doors	□ Fencing	□ Window treatment □Electrical fixtures
□ Storage Buildings	L Roofing	□ Siding	□ Play sets
Garage Door	Garage Doors	□ Carnet	□ Laminate flooring
□ Vinyl Flooring	□ Wood Flooring	Ceramic Tile	□ Water Heaters
□ Plumbing fixtures	□ Water treatment	□ Closet organizers	□ Decks
City or state licenses I	held:		
Memberships in trade organizations or BBB:			
How many years has your company operated under present name:			
Nearest Lowe's store (city and state):			
To find the name and location of stores near you, click here.			
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Have you reviewed Lowes Insurance requirements (link to requirements): DYES DNO			
Installer Signature:			
Data			
Date:	_		
Internal use only: AIM	Assigned:		
Initials of AIM upon receipt of pre-application: Date of receipt:			
Date of contact with applicant:			