



APPROVAL FORM

Viwinco Sales Rep _____

Viwinco Regional Manager _____

Date _____

INSTALLER INFORMATION

Business Name _____

Business Address _____ City _____

State _____ ZIP _____ Website _____

Email Address _____ Phone Number _____

1. What Tier is this Blue Label Installer?

- Preferred Master Installer (Top Tier)
- Preferred Elite Installer
- Preferred Advanced Installer
- Preferred Installer (Entry Tier)

2. Has this installer participated in a Viwinco Company Tour? Yes No

If NO, are they scheduled for one? If yes list the date

3. Has this installer completed the Viwinco Academy Training? Yes No

If NO, are they registered? Yes No

4. Will this installer purchase products directly from Viwinco, or will they go through a two-step process via a distributor?

Direct Two-Step

If using a two-step process, which distributor will the installer be working with? _____

INSTALLER CONTACT(S) DETAILS

Contact 1 _____ Title _____

Email _____ Phone _____

Contact 2 _____ Title _____

Email _____ Phone _____

APPROVAL DETAILS

5. Is the installer known for providing high-quality work and excellent customer service? Yes No

6. Has the installer met all requirements to be a Blue Label installer? Yes No

If NO give details _____

7. This account has been vetted by _____

APPROVED BY _____ Date _____

*Please email this form to Maria Duncan, Nick Taylor, and Angie Jacob.