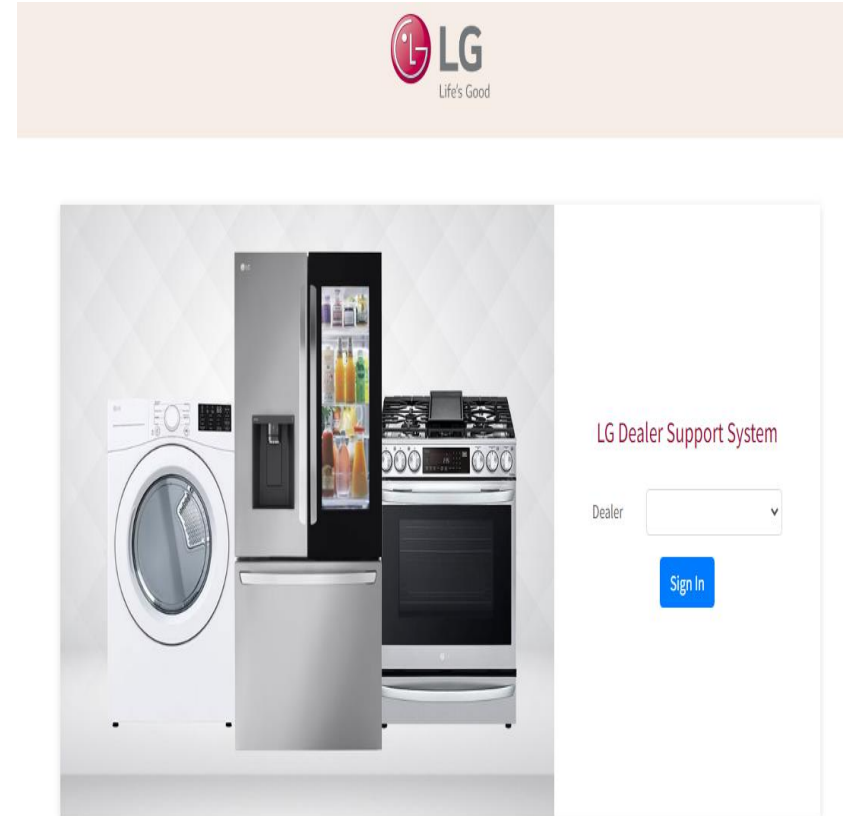


# Ticket Management System

Easier way to submit your request to LG

- 1 Click this link  
[Lgecares.com/Dealer/](https://lgecares.com/Dealer/)
- 2 Enter “Dealer or Name” and Click Sign In
- 3 Choose your Request
- 4 Fill in Form & Submit



# Checking the Status



Enter Ticket Number



Click Status



Status will appear below

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Check Ticket Status Please provide us with your

Ticket #

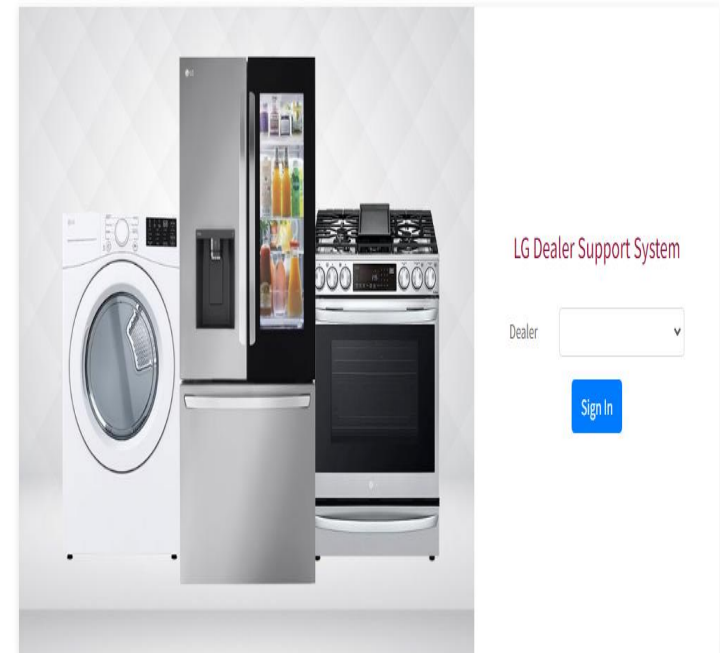
STATUS

Status

**Service Scheduled - DMST**

## To Sign-In

1. Select Enter **Dealer Name/ Name** and click Sign In- Dealer Name will be saved and populated to the correct forms.



## Dealer Information

1. All Mandatory Fields will be denotated with an “\*”
2. **Store No:**
3. Dealer Name will be auto-populated
4. Store Number- if applicable
5. **Agent Email- Status update will be sent to this email**
6. Agent Phone #- if applicable

## Dealer Information

Dealer Name*	Store No
<input type="text"/>	<input type="text"/>
Dealer Agent Name*	Agent Email*
<input type="text"/>	<input type="text"/>
Agent Phone #	
<input type="text"/>	

## Customer Information

1. **Cell Phone- Status update sent to customer via cell phone**
2. Email – If applicable
3. Is the product located at the same address as above? **Use this for Store stock or different Service address.**

## Customer Information

First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Address 1*	Address 2
<input type="text"/>	<input type="text"/>
City*	State* Zip Code*
<input type="text"/>	<input type="text"/> <input type="text"/>
Cell Phone	Alt Phone
<input type="text"/>	<input type="text"/>
Email Address	
<input type="text"/>	

Is the product located at the same address as above?

1. Yes  
 2. No

## Product Information

1. Unit Type/Model/ SN are mandatory fields
2. Date of Purchase and Delivery are mandatory fields
3. Symptom- Few examples of symptoms:
  - No cool
  - Not making ice
  - No Heat
4. Issue/Concern/Symptom- please enter and additional details that should be included.
5. Upload POP/Receipt/Product Tag if applicable
6. Submit

## Product Information

Unit Type*	Microwave Options
<input type="text"/>	<input type="text"/>
Model Number* <a href="#">?</a>	Serial Number* <a href="#">?</a>
<input type="text"/>	<input type="text"/>
Date of Purchase / COO*	Date of Install / Delivery*
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
Symptom*	
<input type="text"/>	
Issue / Concern / Symptom	
<input type="text"/>	

Please upload picture of product/Receipt/Product Tag

Upload

SUBMIT

## Submit

1. You will get a ticket # once complete
2. The ticket status should be updated within 24 hours

**Success**

Your request is submitted successfully. Your TMS Ticket # is 34554