

**CUSTOMER APPLICATION**

Business Type:				
Individual/Sole Proprietor or Single-Member LLC <input type="checkbox"/>	C Corporation <input type="checkbox"/>	S Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust/Estate <input type="checkbox"/>
Limited Liability Co - C Corp <input type="checkbox"/>	Limited Liability Co - S Corp <input type="checkbox"/>	Limited Liability Co - Partnership <input type="checkbox"/>	Other <input type="checkbox"/> _____	
Company Name ("Customer"):			DBA/Trade Names:	
Primary Address:				
City:		State:	ZIP:	
Tel #:		D&B #:		
Company Web Address:		TID #:		
Year Business Established:	# of Employees:	Registration #:		
AP Contact Name:		AP Contact Phone #:	AP Contact Email:	

**PARTNERS, OFFICERS, OWNERS AND/OR PRINCIPALS**

1. Name:	Title:
Business Phone #:	Email:
2. Name:	Title:
Business Phone #:	Email:

**ADDITIONAL INFORMATION**

- What payment terms are extended to end customers?
- Does any **one** customer make up 20% or more of yearly revenue?    Yes     No
- Are all debt and credit facility covenants currently being complied with?    Yes     No
- List all U.S. states and overseas countries that business is conducted in:
- Is another company responsible for paying DISH invoices?    Yes     No

5a. **If yes**, please provide the following for the financially responsible company:

Company Name:	DBA/Trade Names:	
Primary Address:		
City:	State:	ZIP:
Registration #:		

**FINANCIAL STATEMENTS INFORMATION (OPTIONAL)**

*Please list total revenue and net income for the past three years.*

Financial Year End Date			
Total Revenue			
Net Income			

## SIGNATURES

<p style="text-align: center;"><b>ELECTION TO PREPAY</b></p> <p>I, Customer, do not wish to request an extension of credit by DISH, and am hereby electing and agreeing to prepay for all products and/or services. I understand that no products and/or services will be provided without prior receipt of payment by DISH for such products and/or services by the required due date for pre-payment.</p>	<hr style="width: 80%; margin: 0 auto;"/> Initials
<p style="text-align: center;"><b>CONSENT TO REVIEW CREDIT</b></p> <p>I, Customer, hereby submit this application, and have attached (or will provide) at least three (3) credit references (including contact information for such references) to DISH Network L.L.C. (“DISH”) for the purpose of obtaining credit terms with DISH. <b>I hereby certify that any and all information contained in this customer application, or provided in connection herewith, is true and complete and that DISH intends to rely on the accuracy of any such information. The aforementioned references are hereby authorized and directed to release any and all information reasonably requested by DISH.</b> Customer hereby authorizes DISH to use the information contained herein or obtained via any reference in any manner necessary to determine credit terms of Customer, including, without limitation, to request a credit report in connection with this customer application and/or any subsequent update, renewal and/or extension of credit. DISH will disclose whether or not a credit report was requested and the name and address of the vendor that furnished any such report only following receipt of a notice requesting such information.</p>	<hr style="width: 80%; margin: 0 auto;"/> Initials

By signing below, Customer and/or Agent (if different) each hereby agrees that any and all advertising products and services (“Ad Services”) will be governed by, and are subject to your acceptance of, DISH Media Sales’ Terms of Service, which Terms of Service are hereby incorporated by this reference in their entirety and can be found at <http://www.dishmediasales.com/downloads/DISH-Media-Sales-Terms-of-Service.pdf>.

<p><b>CUSTOMER (REQUIRED)</b></p>   <p><b>Authorized Signature:</b></p>	<p><b>AGENT (OPTIONAL)</b>  <i>I am an agency, and <u>am</u> electing the option for conditional financial liability pursuant to the terms of service. Please indicate your acceptance by signing below.</i></p>
<p><b>Printed Name:</b></p>	<p><b>Authorized Signature:</b></p>
<p><b>Title:</b></p>	<p><b>Printed Name:</b></p>
<p><b>Date:</b></p>	<p><b>Title:</b></p>
<p><b>Date:</b></p>	<p><b>Date:</b></p>