

CUSTOMER APPLICATION:			
Business Type: Corporation Partnership Lim	nited Liability Company Limited Liability	Partnership	
Company Name ("Customer"):	DBA/Trade Na	ames:	
Primary Address:			
City:	State:	Zip:	
Tax ID #:	D&B #:	D&B #:	
Tel #:	Fax #:	_	
Type of Business:	Year Business Established	ed:	
Have you previously applied for credit with DISH? Yes \square No	, 🗆		
PARTNERS, OWNERS AND/OR PRINCIPALS: To be comple	ted by ALL Partnerships, LLC's and LLP's		
1. Name:	Title:		
Home Address:	City:	State:	Zip:
2. Name:	Title:		
Home Address:	City:	State:	Zip:
I, Customer, hereby submit this application, and have a contact information for such references) to DISH Netw. I hereby certify that any and all information conherewith, is true and complete and that DISH is aforementioned references are hereby authorized requested by DISH. Customer hereby authorizes DISH in any manner necessary to determine credit terms of connection with this customer application and/or and disclose whether or not a credit report was requested and only following receipt of a notice requesting such information.	rork L.L.C. ("DISH") for the purpose of obtaintained in this customer application, of intends to rely on the accuracy of an ed and directed to release any and at the touse the information contained herein of Customer, including, without limitation, my subsequent update, renewal and/or exand the name and address of the vendor the	or provided in connection ny such information. The all information reasonably or obtained via any reference, to request a credit report in stension of credit. DISH will	Initials
By signing below, Customer and/or Agent (if different) ex be governed by, and are subject to your acceptance of, DIS reference in their entirety and can be found at http://www.dCUSTOMER (REQUIRED) Authorized Signature: CUSTOMER NAME: Title: Date:	SH Media Sales' Terms of Service, which Ter lishmediasales.com/downloads/DISH-Media-Sale AGENT (OPTIONAL) I AM AN AGENCY, AND EINANCIAL LIABILITY PURINDICATE YOUR ACCEPTA Authorized Signatur AGENT NAME: Title: Date:	rms of Service are hereby incores-Terms-of-Service.pdf. AM ELECTING THE OPTION FOURSUANT TO THE TERMS OF S	porated by this OR CONDITIONA ERVICE. PLEAS
PLEASE RETURN COMPLETED APPLICATION TO:	DISH NETWORK L.L.C. Attention: Finance, Media 9601 South Meridian Boul	a Sales - Customer Application alevard	

Englewood, Colorado 80112

Via email AdSalesApplication@dish.com