

MDU SYSTEM OPERATOR APPLICATION



"Residential MDU" is a condominium complex, apartment building, town home community or other such building (as approved by PDI-SAT or DIRECTV from time to time, at its sole discretion) comprised of multiple individual residential households and will receive DIRECTV programming from one (1) common DBS receiving dish and separate IRD receivers for each individual dwelling unit.

Please fill out this PDI-SAT DIRECTV MDU System Operator Application Completely and return to:

PDI-SAT, DIRECTV MSO

S.O. Application Processing
6353 W. Rogers Circle #6
Boca Raton, FL 33487

Fax#: 561-998-0608
Alternative Fax#: 561-998-0629
Other Contact Information:
Phone #: 1-561-998-0600
Toll Free#: 1-800-242-1606
E-Mail: carollee@pdi-eft.com
Website: <http://www.pdi-sat.com>

Please note that the MDU System Operator program is completely independent of the PDI-SAT or DIRECTV Residential, Commercial and SMATV affiliate programs.

COMPANY INFORMATION

What type of Legal entity is your company?

Corporation Partnership Sole Proprietorship

Corporate Name _____

DBA _____

Parent Company _____

Address (Street) _____

City _____ State _____ Zip _____

Primary Contact _____

Federal Tax ID No. _____

State Tax ID No. _____

Tel. No. _____ Fax No. _____

E-Mail _____

Accounts Payable Contact _____

Year Business Founded//Incorporated _____

D&B No. _____

D&B Rating _____

Is your Company a bonded and licensed contractor?

Yes No

Does your company carry commercial general liability insurance?

Yes No

If yes, what is the amount of coverage? _____

PRINCIPAL(S)

If company is privately held, the following information must be provided.

1. Principal s Name _____

Title _____

Address (Street) _____

City _____ State _____ Zip _____

Tel. No. _____ Fax No. _____

Soc. Sec. No. _____

2. Principal s Name _____

Title _____

Address (Street) _____

City _____ State _____ Zip _____

Tel. No. _____ Fax No. _____

Soc. Sec. No. _____

MDU SYSTEM OPERATOR APPLICATION

CREDIT REFERENCES

1. Bank Name _____
Bank Contact _____
Address (Street) _____
City _____ State _____ Zip _____
Tel. No. _____
Account Name _____ Account Type _____
Account No. _____ Date Opened _____

2. Bank Name _____
Bank Contact _____
Address (Street) _____
City _____ State _____ Zip _____
Tel. No. _____
Account Name _____ Account Type _____
Account No. _____ Date Opened _____

(Please attach separate page(s) as necessary)

TRADE REFERENCES

1. Vendor Name _____
Address (Street) _____
City _____ State _____ Zip _____
Contact Name/Title _____
Tel. No. _____
Type of Business Relationship _____

2. Vendor Name _____
Address (Street) _____
City _____ State _____ Zip _____
Contact Name/Title _____
Tel. No. _____
Type of Business Relationship _____

(Please attach separate page(s) as necessary)

VIDEO SYSTEM REFERENCES

Within the past year, how many MDU or Commercial SMATV/CATV installations has your company been directly responsible for completing?

C-band _____ DBS _____ Other _____

How many were in MDU s hotels or commercial establishments?

MDUs _____ Hotels _____ Commercial _____

Please list references for at least two locations where you performed SMATV or headend sales and installations within the past year.

1. Establishment Name _____

DBA _____

Parent Company _____

Address (Street) _____

City _____ State _____ Zip _____

Primary Contact _____

Tel. No. _____

Number of Channels and type of system installed _____

Month and year you installed equipment/system _____

2. Establishment name _____

DBA _____

Parent Company _____

Address (Street) _____

City _____ State _____ Zip _____

Primary Contact _____

Tel. No. _____

Number of channels and type of system installed _____

Month and year you installed equipment/system _____

DBS SYSTEM/DIRECTV INFORMATION

Are you presently a DIRECTV retail, commercial or SMATV sales representative? _____ Yes _____ NO

If yes, please provide your DIRECTV sales representative ID number.



MDU SYSTEM OPERATOR APPLICATION

Are you authorized by a DBS system manufacturer to install DBS equipment? Yes ___ No ___

If yes, please provide your DBS installer number. (RCA, Sony, other)

Does your company have access to DBS equipment? Yes ___ No ___

If yes, what type of DBS equipment? (RCA, SONY, other) _____

Does your company currently sell and install any mid-or high-powered Ku-band systems (other than DIRECTV)?

Yes ___ No ___

If yes, please name the mid- or high-powered Ku-band satellite programming companies that you are affiliated with.

SYSTEM OPERATOR INFORMATION

Please indicate the proper service category for your company:

___ Satellite Retailer ___ Consumer Electronics

___ Private Cable Operator ___ Other

Are you prepared to sell, install and maintain DBS MDU systems in your area? ___ Sell ___ Install ___ Maintain/Service

Does your company currently sell SMATV programming?

Yes ___ No ___

If yes, name the programming distributors that you are associated with and the programming services that you provide.

Distributors _____

Services _____

What percentage of the time does your company use contract labor for the following tasks?

Sales _____ Installation _____

Maintenance _____ Other _____

Does your company have organized sales and technical training programs? Yes ___ No ___

How many field offices or separate locations does your company have? _____

NOTE

This form constitutes an application for consideration as a System Operator (SO) for the PDI-SAT DIRECTV MDU services. It does not constitute an application for approval as a DSB system dealer or for any other PDI-SAT or DIRECTV sales representative programs.

For consideration, this application must be prepared thoroughly, completely, and in its entirety. By signing this application you agree to and understand the following:

- ¥ This application does not constitute an agreement or offer to enter into a business relationship.
- ¥ The decision to accept/reject the applicant is at the sole discretion of DIRECTV Inc. and PDI-SAT.
- ¥ All information contained in this application is accurate as of the date listed below.
- ¥ DIRECTV and PDI-SAT are authorized to verify any information given on this application and to review the credit history of the applicant.
- ¥ Note: DIRECTV and/or PDI-SAT may request additional information from you to complete the processing of your application.

Authorized Signature

Date

Print Name

Print Title

For additional information, call DIRECTV/PDI-SAT at 561-998-0600,
Monday - Friday 8:00am - 6:00 pm

