

For NACE use only
Sales ID: _____
Account: _____



North American Cable Equipment, Inc. DIRECTV® MSO Program Application

Application for: SMATV Commercial

I. COMPANY INFORMATION

Company Legal Entity: Corporation Partnership Sole Proprietorship LLC

State of Registration (if applicable): _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

DBA: _____

Federal Tax ID: _____ State Tax ID: _____

Dun & Bradstreet #: _____ Text _____ Dun & Bradstreet Rating: _____

Phone: _____ Fax: _____

e-Mail: _____ website: _____

Accounts Payable Contact: _____

Is the company a bonded contractor? ___ YES ___ NO

Is the company licensed? YES NO License Number: _____

Issuing State/Municipality: _____

Does the company carry commercial general liability insurance? ___ YES ___ NO

If YES, what is the amount of coverage? \$ _____

Length of Business Operation (years): _____ Last Year's Revenue: \$ _____

Describe Your Business: _____

Is there a Parent Company? ___ YES ___ NO If YES, provide the following:

Parent Company Name: _____

Parent Company Address: _____

II. PRINCIPAL'S INFORMATION

(a) Principal's Name: _____

Principal's Title: _____ SSN: _____

Principal's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

(b) Principal's Name: _____

Principal's Title: _____ SSN: _____

Principal's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

III. FINANCIAL REFERENCES

Financial References

(a) Bank Name: _____

Bank Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Account Number: _____ Account Name: _____

Account Type: _____ Date Account Opened: _____

(b) Bank Name: _____

Bank Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Account Number: _____ Account Name: _____

Account Type: _____ Date Account Opened: _____

IV. TRADE/BUSINESS REFERENCES

(a) Company Name: _____

Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name and Title: _____

Phone: _____

Describe Business Conducted With the Reference: _____

(b) Company Name: _____

Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name and Title: _____

Phone: _____

Describe Business Conducted With the Reference: _____

(c) Company Name: _____

Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name and Title: _____

Phone: _____

Describe Business Conducted With the Reference: _____

V. VIDEO SYSTEM REFERENCES

Within the past 12 months how many MDU or Commercial SMATV / CATV installations has your company been directly responsible for completing?

_____ DISH Network QAM _____ DIRECTV Cascade _____ DIRECTV MFH1
_____ DIRECTV MFH2 _____ DIRECTV MFH3 _____ Traditional SMATV _____ Other

How many were in MDUs, hotels or commercial establishments?

_____ MDUs _____ Hotels _____ Commercial

Number of technical staff in your company for installation and troubleshooting: _____

Please provide references for at least two locations where your company performed SMATV or headend sales and installations within the past 12 months:

(a) Establishment Name: _____

DBA: _____

Parent Company: _____

Address: _____

Contact: _____ Phone: _____

Number of Channels and Type of System Installed: _____

Month and Year of Installation: _____

(b) Establishment Name: _____

DBA: _____

Parent Company: _____

Address: _____

Contact: _____ Phone: _____

Number of Channels and Type of System Installed: _____

Month and Year of Installation: _____

VI. DIRECTV INFORMATION

Are you currently a DIRECTV Retail, Commercial, MDU or SMATV dealer? YES NO

If YES, provide your DIRECTV dealer ID Number (s): _____

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 satellite programming companies that you are affiliated with?

VII. SYSTEM OPERATOR DESIGNATION

Please indicate the service category for your company:

Satellite Retailer Consumer Electronics Private Cable Operator Other

Are you prepared to sell, install and maintain DIRECTV systems in your area?

Sell Install Maintain/Service

Does your company currently sell SMATV programming? YES NO

If YES, identify the programming distributors that your company uses and the program services your company provides.

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

Sales Installation Maintenance Other

Does your company have formal and organized sales and technical training programs?

YES NO

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

Approved Operators/Sub-Contractors will be expected to submit a 12 month forecast identifying the following: (a) number of properties to be served, (b) estimated number of units to be passed (if applicable), and (c) subscriber growth. You will also be expected to provide a marketing plan and customer service plan.

The undersigned certifies the information is true and correct and in addition to the forging the undersigned expressly agrees that in the event any action or proceeding be brought for recovery of amounts due to North American Cable Equipment, Inc. or is assigned, all costs of collection including but not limited to attorney's fees, plus interest a the lesser rate of 1.5 percent per month or the prevailing rate allowable under the law of the state governing the transactions contemplated by the credit application.

In consideration of a company check being accepted from the above firm, I (we) personally guarantee all indebtedness may be arranged, extended, and/or renewed without notice to the Guarantor. I (we) agree to, within five (5) days from the date of demand, pay any and all indebtedness which is owned by the above named to North American Cable Equipment, Inc. plus all interest, costs, and any attorney's fees, if any that are due.

I hereby authorize all listed references to release any credit or other information requested to North American Cable Equipment, Inc. and also understand that North American Cable Equipment, Inc. may obtain a credit bureau report or a Dun & Bradstreet report.

By: _____

Name: _____

Title: _____

Date: _____

To print completed application click here:

Please return completed application to:

**North American Cable Equipment, Inc.
DIRECTV® MSO Program
1085 Andrew Drive, Suite A
West Chester, PA 19380
Or Fax to: 1-866-347-8238**

Should you have any questions or require further information please contact us at:

1-800-688-9282