

AT&T Capital Services, Inc. 36 S. Fairview Ave, Park Ridge, IL 60068 Fax (847)326-0572

| DIRECTV Equipment Supplier | | | | | Requested Contract Structure | | | | | |
|--|---|--|---|---|---|---------------------------------|------------------------------------|------------------------------------|-------------------|------------|
| Company Name | | | | | Purchase Option (Check One): | | | | | |
| | | | | | Fair Market Value (FMV) Finance (\$1) Oth | | | | | |
| Telephone Number | | Fax Numbe | • | | Terms of Le | ease (in Mo | nths) | Anticipated In | stallation Da | ate |
| Sales Representative | | ļ | | | | | | | | |
| Equipment Type Cost to be Financed: | | | | | - | | | | | |
| Equipment Type 100st to be F | | | manoca. | |] | | | | | |
| Company Credit Info | | | | | | | | | | |
| Customer full legal name | Doing Business as (if applicable) | | | | | | | | | |
| Telephone Number Fax Number | | | er | | State of Formation | | | Federal Employer ID Number | | |
| Contact Name | | | | | Email Address | | | | | |
| Headquarter Address | | | | | City | | | State | Zip | County |
| Equipment Location (if different from above) | | | | | City | | | State | Zip | County |
| Check One | | | | | 1 | | | | <u> </u> | 1 |
| Federal Gov't | Corpor | ation | Sole Pr | oprietorship | Partne | ership | Not for Profit | Muni | Oth | er |
| Tax Exempt | | | Number of | Employees | | BTN (if ap | plicable) | | | |
| Yes (attach certificate | - | No | | | | | | | | |
| Date established under current ownership Estimated Annual Sale | | | | | i | Type of Business Duns Numb | | | er SIC | |
| Has AT&T/DirecTV ever | r sold equipn No | nent or servi | ces to you b | efore? | | If yes, und | er what name | ? | | |
| Bank Reference | | | | | | | | | | |
| Bank Name | | | Account Nu | ımbers | | Contact Na | ame | | Telephone Number | |
| Bank Name | | | Account Nu | ımbers | Contact Name | | | | Telephone Number | |
| Credit Trade Refere | ences | | • | | | | | | | |
| Company Name Address | | | | Telephone Number | | Account Number | | Contact Name | | |
| Company Name Address | | | | | Telephone Number | | Account Number | | Contact Name | |
| Credit Based on Owner | ? Yes | s No | | | | | | | | |
| Owner Information (| | | | | require pe | rsonal gu State | | | | |
| Principle #1 | Title | Home Addr | ome Address (| | City | | Zip | Ownership % | Social Security # | |
| Principle #2 | Title | Home Address | | City | | State | Zip | Ownership % | Social Security # | |
| I hereby authorize our bank Services, Inc., or its Assigr sole proprietors of a small I the information provided in Signature: | ns, to obtain of business and this applicatio | ther credit info any general p on to be true a | ormation, inclu artner of a pa and correct to | uding consume rtnership) and the best of my | er credit burea to release sar v knowledge. | u reports for me to other in | individuals responstitutions for c | oonsible for the tredit evaluation | ousiness' deb | t (such as |
| Amounts over \$50,000 r | may require t | financial stat | ements. Cre | edit approval | expires 120 | days from | the date of the | e application. | | |

The Federal Equal Credit Opportunity Act prohibits creditor from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. If your application for credit is denied, you can request a statement of the specific reasons for the denial within 60 days of being notified of the denial by calling the specific regional phone number listed at the top of this application. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20560.