

**DIRECT SATELLITE SERVICE INC**  
**10817 Flower Ave Suite 1B**  
**Cleveland OH 44111**  
**Office 216-220-3127 Fax 216-220-3129**  
**credit@dtv-usa.com**

Fax back Application (all pages) to: 216-220-3129

DUNS  
Number

**Financing and Lease Application**

Business Information:

**Lessee Information**

**Billing Address:**

*Legal Bus.*

Name:

*Name:*

DBA

Street Address:

Name:

*Street  
Address:*

City:

*City*

State:

*State:*

Zip:

*Zip:*

*Business*

*Phone:*

*Yrs in*

*Business:*

*Federal  
ID*

(\* Required for all except sole proprietor)

*Number: TIN*

Email  
Address:

**Initial Funding Information:**

Re-  
Payment  
months:

\* *General Type:*

Comments / Extra information

Total  
Funded  
Amt:

Guarantor Information 1:

*Signer*  
*Name:* \_\_\_\_\_ *Street Address:* \_\_\_\_\_  
*SS*  
*Number:* \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ *City:* \_\_\_\_\_  
*Home*  
*Phone:* \_\_\_\_\_ *State:* \_\_\_\_\_  
*Percent*  
*Ownership:* \_\_\_\_\_ *Zip:* \_\_\_\_\_  
*Title:* \_\_\_\_\_  
Email  
Address: \_\_\_\_\_

**Guarantor 1: Signature:** \_\_\_\_\_

Guarantor Information 2:

Signer  
Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
SS Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ City: \_\_\_\_\_  
Home  
Phone: \_\_\_\_\_ State: \_\_\_\_\_  
*Percent*  
*Ownership:* \_\_\_\_\_ Zip: \_\_\_\_\_  
*Title:* \_\_\_\_\_  
Email  
Address: \_\_\_\_\_

**Guarantor 2: Signature:** \_\_\_\_\_

**DSSI /Secured Party: Direct Satellite Service Inc and its nominees or assigns.**

By signing above the undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written instructions to the above referenced DSSI/Secured Party, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application and, subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing and collecting the resulting account. A photocopy or facsimile of this authorization shall be valid as the original. By signature above, I/we affirm my/our identity as the respective individuals identified in this application.

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**PLEASE NOTE:**

**WE CAN ONLY PROCESS PRINTED, COMPLETE AND SIGNED APPLICATIONS.**

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**Thank You**

**CREDIT RELEASE:**

APPLICANT STATEMENT: Applicant has answered the questions fully and truthfully. Applicant understands that Direct Satellite Service Inc or its assigns partner's or designees will check credit records and any statements applicant has made. Applicant gives all of its creditor's permission to provide us any information needed to determine whether Direct Satellite Service Inc and its assigns or designees want to grant applicant credit. Applicant may request the status of this application to be transmitted by electronic mail and applicant expressly authorize DSSI or its nominee to transmit such message to the electronic mail address, which applicant may provide. The person signing this is 18 years of age or older.

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**The Federal Equal Credit Opportunity Act:**

Prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact DSSI set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement.