

# DIGITRON

## COMMUNICATIONS, INC.

6355 Topanga Canyon Boulevard • Suite 340  
Woodland Hills • CA 91367-2193  
Tel (818) 884-3588 • Fax (818) 884-3595

# DCI INSTALLATION AFFILIATE APPLICATION AND AGREEMENT

THIS SPACE RESERVED FOR DIGITRON

PROCESSED BY: \_\_\_\_\_

ACCEPTED: NO  YES  DATE M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_ AFFILIATE No. \_\_\_\_\_

APPLICANT NOTIFIED: DATE M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_ TERRITORY: \_\_\_\_\_

### APPLICANT COMPANY INFORMATION

(Please type or print all entries)

Note: Incomplete applications cannot be processed

COMPANY NAME Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>		STREET/SHIPPING ADDRESS			
PHONE	AFTER HOURS (Important)	CITY	STATE	ZIP CODE	
FAX	PAGER & PIN# (Important)	PRIMARY CONTACT	TITLE	CELL PHONE	E-MAIL ADDRESS
NUMBER OF EMPLOYEES Full Time _____ Sub Contractors _____		SECONDARY CONTACT	TITLE	CELL PHONE	E-MAIL ADDRESS
NUMBER OF TRUCKS & CREWS Trucks _____ Crews _____		FEDERAL TAX ID#	STATE TAX ID#	BUSINESS LICENSE#	
# OF YRS IN SATELLITE COMM. INDUSTRY _____		LIABILITY INSURANCE CARRIER _____			
# OF YRS AT THIS LOCATION _____		POLICY NUMBER _____ EXPIRATION DATE M____/D____/Y____			
STATE OF INCORPORATION _____		WORKERS' COMPENSATION INSURANCE CARRIER _____			
DATE OF INCORPORATION M____/D____/Y____		POLICY NUMBER _____ EXPIRATION DATE M____/D____/Y____			

### APPLICANT PERSONAL INFORMATION

FULL NAME		STREET/SHIPPING ADDRESS			
HOME PHONE	CELL PHONE (Important)	CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER		E-MAIL ADDRESS		Can we communicate with you via E-mail? NO <input type="checkbox"/> YES <input type="checkbox"/>	

### BUSINESS & INSTALLATION INFORMATION

- Does your State, County or City require a license to install satellite systems? NO  YES  If yes: Your License # \_\_\_\_\_ DATED M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_  
ISSUED BY \_\_\_\_\_ EXPIRATION DATE M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_
- Number of satellite systems installed: Commercial \_\_\_\_\_ Residential \_\_\_\_\_ DBS \_\_\_\_\_ TVRO \_\_\_\_\_ VSAT \_\_\_\_\_ SMATV \_\_\_\_\_
- Do you own/have access to a Spectrum Analyzer? NO  YES  If yes: BRAND NAME \_\_\_\_\_ MODEL \_\_\_\_\_ ACQUIRED M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_
- Describe briefly the territory you would like to cover (specifically name cities, counties, Zip codes and total miles radius you can serve) \_\_\_\_\_  
\_\_\_\_\_
- What is your current standard installation charge for a DBS system? Commercial \$ \_\_\_\_\_ Residential \$ \_\_\_\_\_

### INSTALLATION REFERENCES (List 3 installations completed during the last 12 months)

COMPANY or FULL NAME	Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>	COMPANY or FULL NAME	Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>	COMPANY or FULL NAME	Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS			STREET ADDRESS		
CITY STATE ZIP CODE			CITY STATE ZIP CODE			CITY STATE ZIP CODE		
PHONE		FAX	PHONE		FAX	PHONE		FAX

### TRADE REFERENCES (List 3 current references)

COMPANY NAME	COMPANY NAME	COMPANY NAME						
STREET ADDRESS								
STREET ADDRESS								
STREET ADDRESS								
CITY STATE ZIP CODE								
CITY STATE ZIP CODE								
CITY STATE ZIP CODE								
PHONE		FAX	PHONE		FAX	PHONE		FAX

**ADDITIONAL INSTALLATION OR TECHNICAL EXPERIENCE** Attach to this Application and Agreement a detailed explanation of any additional experience you might have in the following fields: Microwave, Cable TV, Fiber Optics or other fields. Also attach any additional information you feel is important to consider when reviewing your application.

**AGREEMENT, CERTIFICATION AND AUTHORIZATION** Immediately upon notification by Digitron Communications, Inc. ("Digitron") that my/our Application has been accepted, I/we hereby agree to procure, at my/our own expense, and to maintain continuously as long as I am/we are a Digitron Installation Affiliate, public liability insurance in the amount of \$500,000 or more for the injury or death of any one person and \$1,000,000 or more for the injury or death of any number of persons in any one accident, and property damage liability insurance in the amount of \$500,000 or more. All said policies of insurance shall provide that among the insured thereunder shall be included Digitron Communications, Inc. and all other persons or entities whom Digitron may be required, from time to time, to keep insured. All of said policies of insurance shall be obtained from companies satisfactory to Digitron and shall contain an endorsement that such insurance shall not be canceled except after ten days written notification to Digitron at the above address. I/we agree to deliver to Digitron certificates evidencing the insurance coverage herein provided for. I/we shall pay the insurance premiums on all insurance coverage herein provided for when due.

The undersigned hereby certifies that the information provided herein is complete, correct and true and authorizes Digitron Communications, Inc. and/or its agents to verify it. The undersigned further agrees that this completed form and attachment(s) are the exclusive property of Digitron.

All information in this Application will be held in confidence and is intended only for the purpose of qualifying Applicant to become a Digitron Installation Affiliate. Please allow up to three weeks for verification and processing before inquiring about the status of your application.

Note: Incomplete applications cannot be processed.

THIS SPACE RESERVED FOR DIGITRON

Company full Legal Name or full Legal Name of Individual Applicant (Please PRINT)

Signature of Applicant (Individual or Authorized Officer or Agent)

Full Name of person signing Application (Please PRINT)

Title of Applicant (If applicable)

Date

PLEASE FAX /MAIL COMPLETED AND SIGNED APPLICATION TO DIGITRON COMMUNICATIONS