

# NEW DISH RETAILER APPLICATION



INSTRUCTIONS are located on the last page. You may complete this application using Adobe Acrobat. Install the free Acrobat Reader at <https://get.adobe.com/reader>

# COMPANY PROFILE

## COMPANY INFORMATION

Company Name: \_\_\_\_\_ Website: \_\_\_\_\_  
Address (city, state, zip): \_\_\_\_\_  
Principal Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_  
Type of Ownership:  Sole Proprietor  C Corp  S Corp  All Other LLCs — Specify \_\_\_\_\_  Partnership  Trust/Estate  Other \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_ How long in business: \_\_\_\_\_ Years \_\_\_\_\_ Months Annual Sales Volume: \$ \_\_\_\_\_

## SHIP TO ADDRESS (if different than above):

Address (city, state, zip): \_\_\_\_\_

## ADDITIONAL BUSINESS LOCATIONS

Company Name: \_\_\_\_\_  
Retailer Name: \_\_\_\_\_  
#1 Address (city, state, zip): \_\_\_\_\_  
#2 Address (city, state, zip): \_\_\_\_\_  
Principal Contact: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PRINCIPALS, PARTNERS or OFFICERS

Name #1: \_\_\_\_\_ Title: \_\_\_\_\_  
% of Ownership: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Are you a U.S. citizen?  Yes  No  
Home Address (city, state, zip): \_\_\_\_\_  
#1 Phone: \_\_\_\_\_ #2 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name #2: \_\_\_\_\_ Title: \_\_\_\_\_  
% of Ownership: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Are you a U.S. citizen?  Yes  No  
Home Address (city, state, zip): \_\_\_\_\_  
#1 Phone: \_\_\_\_\_ #2 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name #3: \_\_\_\_\_ Title: \_\_\_\_\_  
% of Ownership: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Are you a U.S. citizen?  Yes  No  
Home Address (city, state, zip): \_\_\_\_\_  
#1 Phone: \_\_\_\_\_ #2 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## COMPANY HISTORY

Has the Company, any Principal, Partner or Officer ever filed for bankruptcy?  Yes  No If yes, when? \_\_\_\_\_  
Has the Company, any Principal, Partner or Officer ever been convicted of a felony?  Yes  No If yes, when and what? \_\_\_\_\_  
Has the Company, any Principal, Partner, or Officer ever conducted business with Collins Distribution (*aka CVS Systems*) under a different business name, or under any name that was/is considered "out of business"?  Yes  No If yes, who? \_\_\_\_\_  
Has the Company, any Principal, Partner or Officer purchased DISH equipment from an Authorized DISH Distributor other than Collins Distribution (*aka CVS Systems*)?  
 Yes  No If yes, what was your OE#? \_\_\_\_\_ Who was the Distributor? \_\_\_\_\_  
How did you hear about Collins Distribution? \_\_\_\_\_  
Are you currently operating a business full time?  Yes  No  
Have you ever sold or installed satellite TV and/or home security systems?  Yes  No If yes, what was the name of the company(s) or person(s) for which you sold and/or installed? \_\_\_\_\_  
If you were you a subcontractor, for what company or person did you last work? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# FINANCIAL INFO

Collins Distribution reserves the right to conduct background checks and request a current credit report from the appropriate agencies. Under penalty of perjury, misrepresentations will be subject to immediate termination of the Retailer Agreement by Collins Distribution in its sole and absolute discretion.

## BANK INFORMATION

Bank Name: \_\_\_\_\_ Bank Fax #: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Personal Banker's Name: \_\_\_\_\_ Personal Banker's Phone: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

I authorize this bank to provide Collins Distribution with any information requested. This information will be used solely for consideration of my company background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TRADE REFERENCES

Company Name #1: \_\_\_\_\_ Contact: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account Number: \_\_\_\_\_

Company Name #2: \_\_\_\_\_ Contact: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account Number: \_\_\_\_\_

Company Name #3: \_\_\_\_\_ Contact: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account Number: \_\_\_\_\_

To my knowledge, all of the information I have provided in this Retailer Application is true and accurate.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_

## SALES TAX RULES AND REGULATIONS - RESALE CERTIFICATE FORM

This tax may not be applicable to you, but it is required of us by the State. Your cooperation is appreciated. Please attach a copy of your valid State Seller's Permit.

Company Name (Proper Legal Name, Including DBA's and/or Tradestyles): \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Has your address recently changed?  Yes  No If yes, when? \_\_\_\_\_

*I hereby certify, that I hold a valid State Seller's Permit (permit # \_\_\_\_\_) issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling Direct-To-Home Satellite TV and/or Home Security Equipment and that the tangible personal property described herein which I shall purchase from Collins Distribution will be resold by me in the form of tangible personal property provided; however, that in the event any of such property is used for purposes other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property. Description of property to be purchased: Direct-To-Home Satellite Television and/or Home Security Equipment. Such certificate is good until revoked in writing.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## DUNN & BRADSTREET

Dunn & Bradstreet # (if available): \_\_\_\_\_

# CREDIT AUTHORIZATION

## BLANKET CREDIT CARD AUTHORIZATION

Collins Distribution accepts certain credit cards as acceptable payment. They include Visa, MasterCard, American Express and Discover. In order for Collins Distribution to accept a credit card as a form of payment, each credit card requires the following information and signature of approval by the credit card holder.

- Individual cardholder must be a Principal/Owner/Partner listed on page 2 of this Retailer Application.
- No consumer credit cards will be accepted.

Fill out the following information for each credit card you authorize for purchases:

## CREDIT CARD INFORMATION

### 1st

Type of Card (check one):  VISA      DISCOVER Acct #: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address as it appears on your statement (city, state, zip): \_\_\_\_\_

Authorized Buyers: *In addition to myself, I hereby authorize the following individuals listed below to provide written or verbal approval to Collins Distribution on all purchases related to the credit card listed above.* #1 \_\_\_\_\_ #2 \_\_\_\_\_

### 2nd

Type of Card (check one):  VISA      DISCOVER Acct #: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address as it appears on your statement (city, state, zip): \_\_\_\_\_

Authorized Buyers: *In addition to myself, I hereby authorize the following individuals listed below to provide written or verbal approval to Collins Distribution on all purchases related to the credit card listed above.* #1 \_\_\_\_\_ #2 \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize payment for equipment, chargebacks and wholesale product orders purchased from Collins Distribution. I understand that the credit card listed on this form will be charged for said purchases based on verbal and/or written approval from the signatory or the listed authorized buyers above. I further realize that it is my sole responsibility to notify Collins Distribution in writing if I wish to remove or amend an authorized buyer or the card itself. Notification should be provided via fax to 765-668-2708.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT AUTHORIZATION

To Whom It May Concern:

I hereby give my permission and authorization for the release of credit and banking information to Collins Distribution. This authorization is valid for both business and personal, credit and banking purposes. 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 in good faith exercised any right under the Consumer Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington D.C.

The information below must be completed by Principals, Partners or Owners only.

#1 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

# ELECTRONIC FUNDS TRANSFER AUTHORIZATION

## AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Retailer Payment Options (check one):

- Payment by Electronic Funds Transfer (EFT)** - By checking this box you are agreeing to receive payments by EFT. You must attach a pre-printed company check from your business account to this form in order to receive payments by EFT.

Retailer Name: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Retailer TCG I.D. No.: \_\_\_\_\_ Federal Tax I.D. No. (EIN): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Bank Routing No. (9 digits): \_\_\_\_\_ Acct. No.: \_\_\_\_\_  Checking  Savings

*I authorize Collins Distribution to initiate credit entries to my bank account at the bank indicated on the attached check ("Bank").*

*I understand and agree that if an erroneous credit is made to my account that Collins Distribution and Bank are authorized to stop payment, reverse the entry or make any adjustments necessary to my account to correct the erroneous entry.*

*I understand and agree that I may terminate this agreement at any time by providing seven (7) business days' prior written notice to Collins Distribution.*

*Notification to Collins Distribution shall be effective upon receipt at: Collins Distribution, Attn: Mandy David, 1139 S. Baldwin Ave., Marion, IN 46953.*

*I acknowledge and agree that checks with company names that do not match the company listed on this form will not be set up for EFT.*

Account Holder's Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder's Printed Name: \_\_\_\_\_

### PLEASE SIGN THIS FORM, ATTACH A VOIDED CHECK, AND EMAIL TO:

accounting@thecollinsgroup.us

Allow two weeks for your application to be processed.

# PERSONAL GUARANTEE

IMPORTANT: Each Principal, Partner or Officer must submit a signed and notarized copy of this page. Make copies of this page as needed.

In order to induce The Collins Group, Inc., dba Collins Distribution ("Collins Distribution") to enter into the Collins Distribution Retailer Agreement between \_\_\_\_\_ ("Retailer") and Collins Distribution dated \_\_\_\_\_, 202\_\_\_\_ ("Retailer Agreement") and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned guarantor,

\_\_\_\_\_ ("Guarantor") hereby personally, unconditionally and irrevocably guarantees the full and timely performance of and by Retailer for all purposes under the Retailer Agreement and related agreements executed by Retailer on or about \_\_\_\_\_ and the terms, covenants, and conditions of each such document, including without limitation the satisfaction of any adverse judgments. This is a continuing guarantee and is irrevocable. This instrument is intended to cover all of Retailer's present and future indebtedness or liability, and all extensions and renewals thereof.

Guarantor hereby waives all statutory and common law rights and defenses of guarantors and notices thereto, including but not limited to presentment, notice of dishonor, and exhaustion of remedies against Retailer.

This Guarantee, together with any documents and exhibits given or delivered pursuant to this Guarantee, constitutes the entire agreement between the parties to this Guarantee relating to the subject matter. Except as expressly provided by this Guarantee, no party shall be bound by any communications between them on the subject matter of this Guarantee unless the communication is (a) in writing, (b) bears a date contemporaneous with or subsequent to the date of this Guarantee, and (c) is agreed to by all parties to this Agreement. Guarantor specifically acknowledges there are no unwritten side agreements or oral agreements between the parties which alter, amend, modify or supplement this Guarantee.

This Guarantee shall inure to the benefit of Collins Distribution's assigns, successors, parents, subsidiaries, predecessors, and Affiliates.

The Guarantee shall be governed by and construed in accordance with the laws of the State of Indiana, applicable to contracts to be made and performed entirely within the State of Indiana by residents of the State of Indiana, without giving any effect to its conflict of law provisions. In the event of any legal action involving this Guarantee, any obligations guaranteed hereunder, or any indebtedness of Retailer, the parties agree that venue shall be in Grant County, Indiana. The parties and their present and future Affiliates consent to the in personam jurisdiction in the appropriate state court of competent jurisdiction located in Grant County, State of Indiana.

Guarantor hereby acknowledges and agrees that, in the event that Collins Distribution and/or its Affiliates prevails in any suit or action to enforce or interpret this Guarantee or any provision hereof, Collins Distribution and/or its Affiliates shall be entitled to recover its costs, expenses and reasonable attorney fees, both at trial and on appeal, in addition to all other sums allowed by law.

GUARANTOR HEREBY REPRESENTS, WARRANTS, AND ACKNOWLEDGES THAT: (A) HIS/HER INDEPENDENT COUNSEL HAS REVIEWED, OR HE/SHE HAS BEEN GIVEN A REASONABLE OPPORTUNITY FOR HIS/HER INDEPENDENT COUNSEL TO REVIEW (BUT DECLINED SUCH REVIEW), THIS GUARANTEE; (B) THE TERMS AND CONDITIONS OF THIS GUARANTEE, AND EACH AND EVERY PARAGRAPH AND EVERY PART HEREOF, HAVE BEEN COMPLETELY AND CAREFULLY READ BY, AND EXPLAINED TO HIM/HER; (C) THE TERMS AND CONDITIONS OF THIS GUARANTEE ARE FULLY AND COMPLETELY UNDERSTOOD BY EACH PARTY AND EACH PARTY IS COGNIZANT OF ALL OF SUCH TERMS AND CONDITIONS AND THE EFFECT OF EACH AND ALL OF SUCH TERMS AND CONDITIONS; (D) THIS GUARANTEE IS MADE AND ENTERED INTO VOLUNTARILY BY GUARANTOR, FREE OF UNDUE INFLUENCE, COERCION, DURESS, MENACE OR FRAUD OF ANY KIND WHATSOEVER, AND HAS BEEN EXECUTED BY GUARANTOR OF HIS/HER OWN FREE WILL.

IN WITNESS WHEREOF, Guarantor has executed this Guarantee as of this \_\_\_\_\_ day of dated \_\_\_\_\_, 202\_\_\_\_.

Guarantor Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

In his/her individual capacity: \_\_\_\_\_

## NOTARY PUBLIC ACKNOWLEDGEMENT

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Personally came before me this \_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, the above named \_\_\_\_\_,

known to me to be the person who executed the foregoing Guarantee and acknowledged the same.

Witness my hand and official seal

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

Date my commission expires: \_\_\_\_\_

Resident of what city/county: \_\_\_\_\_

# YOUR BUSINESS & MARKETING PLAN

## YOUR BUSINESS PLAN

1. Do you have a written Business Plan? Yes No If no, by when will you have one? \_\_\_\_\_
2. What is your plan to grow your business?  
\_\_\_\_\_
3. How do you plan to obtain contacts?  
\_\_\_\_\_
4. How many sales and installation staff do you currently have? \_\_\_\_ Sales \_\_\_\_ Installation  
Do you plan on hiring more staff? Yes No If yes, how many more? \_\_\_\_ Sales \_\_\_\_ Installation
5. Do you have a store front? Yes No
6. Do you have a separate phone line exclusively for business? Yes No
7. What are your business hours of operation? \_\_\_\_\_ Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat
8. Specify your preferred method of payment: Business Credit Card Net 15 Net 30
- 8a. Desired Credit Limit: \$ \_\_\_\_\_
9. Include any further information you would like us to consider as we review your application:  
\_\_\_\_\_

## YOUR MARKETING PLAN

- Company Name: \_\_\_\_\_
- Owner Name: \_\_\_\_\_
- Company Structure: \_\_\_\_\_
- Address (city, state, zip): \_\_\_\_\_
- Current Sales Reps Names: \_\_\_\_\_
- Sales/Customer Service Manager Names: \_\_\_\_\_
- Current Installation Technicians/Managers Names: \_\_\_\_\_
- Other Products Sold: \_\_\_\_\_
- Current Marketing Methods/Budget: \_\_\_\_\_
- Planned Marketing Methods/Budget: \_\_\_\_\_
- Quality Control Process: \_\_\_\_\_
- Training Process: \_\_\_\_\_
- Breakdown % of Business Market Segments: General Market \_\_\_\_\_ Latino \_\_\_\_\_ International \_\_\_\_\_
- Have you ever installed or sold DISH for another Retailer? Yes No If yes, what Retailer(s) and when? \_\_\_\_\_
- Will you be doing any DISH business outside the U.S.? Yes No If yes, please explain: \_\_\_\_\_

## DISH CHECKLIST FOR PROSPECTIVE RETAILER APPLICANTS

Applicants must also meet certain standards expected of a DISH Authorized Retailer. Prior to approving prospective applications, a DISH representative will perform an on-site inspection of the applicant's business using the following checklist. We encourage each applicant to read over this checklist and be prepared for this visit.

1. Meeting Location
  - Should be actual business address
  - Is it a stand-alone building, shopping center/strip mall, etc.?
  - Ask about additional locations and addresses
  - Ask if any out-of-country contacts or call centers will be engaged in the DISH business. If so, please explain.
2. Visual Appearance
  - Is there presence of any video literature, receivers, etc. (ie: DirecTV, Cable, DISH, etc.)?
  - What products are advertised/displayed?
  - Who is working at the location?
  - What is the professional appearance?
  - Would you feel comfortable buying DISH here (ie: giving out SSN, credit card info, etc.)?
  - Inspect storage area
3. Take Photos
  - Exterior
    - Outside signage
    - Front door
    - Overall appearance of business from the curb
  - Interior
    - Showroom
    - Office
    - Warehouse/storage areas
  - Installation vehicle(s)
4. Obtain business phone numbers
5. Obtain a copy of current business license or other proof of business
6. Business Plan (as included)

# INSTRUCTIONS

## INSTRUCTIONS FOR COMPLETING THIS RETAILER APPLICATION

### Online via desktop or laptop

- 1) Open the Application in your web browser.
- 2) Select the DOWNLOAD PDF button (📄) from the left sidebar.
- 3) Once downloaded to your desktop or laptop, select any field to type in your answers.  
(This feature requires Adobe Acrobat Reader. If you don't have it, go to <https://get.adobe.com/reader> to install the free Acrobat Reader.)  
We recommend you save the PDF Application frequently so as not to lose your work.  
(To save select FILE > SAVE AS. Rename the file with your company name.)
- 4) Once all fields are completed and your document is saved, attach the saved PDF file to an email along with the following documentation:
  - Business License
  - Driver's License (*color copy*)
  - Insurance
  - IRS W-9 Form
  - Latest Financial Statement
  - Photo of your retail location, inside and outside
  - Signed and notarized copy of the Personal Guarantee for each Principal, Partner or Officer
  - State Sellers Permit
  - State-specific Sales Tax Exemption Certificates for all "Ship-To" locations
  - Voided Check (*for EFT setup*)
- 5) Send the email with all attachments to [ncd@collinsdistribution.com](mailto:ncd@collinsdistribution.com)
- 6) Print page 6 of the Application, have it signed and notarized, then mailed to our New Customer Development department at:  
New Customer Development  
c/o Collins Distribution  
1139 S. Baldwin Ave.  
Marion, IN 46953

### If you prefer not to complete the Application online

Print, complete and mail the Application, along with the documentation listed in section 4 above, to our New Customer Development department.

### Approval and Agreements

Once received we will review all your Application documents. Upon approval you will be contacted to complete the Collins Distribution Retailer Agreement and DISH Agreement. Once we have these on file you may begin transacting business with Collins Distribution.

### Finally, we require all new Collins Distribution Retailers to:

- Place a minimum opening order of five (5) DISH systems, which includes one for a showroom account
- Use DISH Approved Parts as required
- Sign up with Equifax
- Establish a reserve deposit plan
- Attend our next scheduled Sales/Marketing, Operations & Installation Training classes
- Pursue DISH activations daily



**COLLINS**  
DISTRIBUTION

### FOR QUESTIONS ABOUT THIS APPLICATION

Contact our New Customer Development department:

[ncd@collinsdistribution.com](mailto:ncd@collinsdistribution.com)

phone (800) 825-1100

fax (765) 662-9959

Collins Distribution LLC

1139 S. Baldwin Ave.

Marion, IN 46953