



DISH Network Cable Conversion Program Claim Form

Claim ID # _____

Any claim that is received without a valid Claim ID number shall be rendered invalid.

To receive payment, the following information must be provided:

1. Customer Information
2. Retailer Information
3. Receiver Information
4. **Original** Cable or Wireless Cable / MMDS billing statement or cancelled check (as defined in the Business Rules)
- 5.

Mail forms to: DISH Network Cable Conversion Program **OR** **Overnight forms to:** DISH Network Cable Conversion Program
 DISH Network Retail Services
 P.O. Box 9023
 Littleton, CO 80160-9023
 DISH Network Retail Services
 5701 South Santa Fe Drive
 Littleton, CO 80120

Retailers who purchase through an authorized EchoStar distributor, must submit their claims directly to their distributor.

I. CUSTOMER INFORMATION Cable Provider/Account Number: _____

Customer Name: _____

Address: _____

Phone: _____ Date of Activation: _____

II. RETAILER INFORMATION (Distributors: This must reflect the selling retailer's name)

Retailer Name: _____

Retailer Number: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____

III. RECEIVER INFORMATION

Receiver Serial #: _____

Receiver CA # (R00...): _____ DISH Network Model #: _____

RETAILER:

Your participation is subject to the terms and conditions of the Business Rules governing this promotion (as such, rules may change from time to time at EchoStar's sole discretion).

In consideration of receiving a free or reduced rate on a satellite TV system, the first time, new, customer must activate the primary receiver with qualified programming (as defined in the Retailer Business Rules) between January 6, 2000 and July 31, 2000, for twelve consecutive months. The customer, upon execution of this form, acknowledges that in the event of default, (seasonal or hard disconnect, payment delinquency, and/or downgrading from the qualified programming package, etc.), a fee in the amount of **\$240**, will be charged to the customer's DISH Network Account. If the customer does not submit payment within the timeframe allowed on the DISH Network billing statement, the customer will be reported to credit agencies as determined appropriate by DISH Network. *Additionally, the customer authorizes DISH Network to investigate the financial responsibility and credit worthiness (including, without limitation, acquiring credit reports and histories).* Any claim, for which the customer's signature is missing, will be rejected.

The customer shall be responsible for all applicable sales taxes.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THESE TERMS AND CONDITIONS:

Printed Name: _____

Signature: _____ Date: _____

Social Security Number: _____ Phone: _____

Retail Services Use Only:

Date Received / Initials: _____ Date Processed / Initials: _____