



Public Viewing Order Form

DIRECTV Account #:
(Required when ordering additional services after account activation.)

Customer Name _____ Email Address _____

DBA _____ Contact Name _____

Service Address (Street address must be given) _____ City _____ State _____ ZIP _____

Service Phone Number _____ Service Fax Number _____

Billing Address _____ City _____ State _____ ZIP _____

Billing Phone Number _____ Billing Fax Number _____

Please choose one
 Legal Structure: Sole Proprietorship Partnership Corporation LLC Government Agency

State of Organization (e.g., CA, NY, etc.): _____ Federal Tax ID Number: _____ Tax Exempt: Yes No

If you are a government agency, non-profit organization, or direct payment company, attach copy of tax exemption certificate.

Please choose your applicable type of establishment.
PUBLIC VIEWING: BAR/LOUNGE FAMILY RESTAURANT FINE DINING FAST FOOD SERV PUB ENTERTAINMENT
 EVO: _____
 FCO: _____

Programming (please fill in)

Pricing based on EVO. Seasonal sports subscriptions based on FCO, advanced non-refundable payment in full is required.

	Monthly Fee*	Annual / Season*
COMMERCIAL CHOICE PLUS™ Package Price based on EVO. Service automatically renews**	\$	\$
COMMERCIAL CHOICE® Package Price based on EVO. Service automatically renews**	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
PURCHASE ORDERS NOT ACCEPTED.	TOTAL PAYMENT ENCLOSED*	\$

Payment Options

Check Enclosed
 VISA
 MasterCard
 Optima
 American Express
 Discover Card

Name as it appears on credit card: _____ Credit Card #: _____ Exp. Date: _____

Amount To Charge Against Credit Card (Total Payment): \$ _____

I authorize the use of this credit card for recurring payments?
 Yes No

Signature of Cardholder: _____ Date: _____

Commercial Dealer Information

I certify that the foregoing information is, to the best of my knowledge, complete and accurate, and that I have verified the accuracy of the information that is referenced in the contracts and attachments by personally visiting the above-referenced establishment.

Commercial Sales Agent Name _____ Commercial Dealer Number _____

Phone Number _____ Fax Number _____ Email Address _____

Signature of Sales Agent: _____ Date: _____

Customer Signature: _____ Date: _____