

# Hospitality Customer Qualification Worksheet

## FACT SHEET

Understand the property's needs by asking the right questions to help determine the best solution.

Are you the decision maker for in-room guest programming?

If not, can you provide the contact? \_\_\_\_\_

### Management

- Owned
- Managed
- Franchised

### Current television provider contract status

- Out of contract
- In contract? Remaining months \_\_\_\_\_

Current guest room TV provider \_\_\_\_\_

### Current television service

- HD channels
- VOD service
- Other television features \_\_\_\_\_

### Property size

- Room count \_\_\_\_\_
- TV count \_\_\_\_\_
  - 1. HD \_\_\_\_\_
  - 2. SD \_\_\_\_\_
- IDF/Distribution closets \_\_\_\_\_

### Wiring scheme

- Home-run
- Loop-thru (daisy chain)
- Other (detail) \_\_\_\_\_

### TV Type

- HD
- Pro:Idiom
- MPEG-4
- SD

### Brand standards

- VOD
- HD
- Specific channel requirements

### Guest demographics

- Existing
- Target

Average Daily Rate (ADR) \_\_\_\_\_

### Public space opportunities

- Bar/restaurant
- Lobby
- Fitness Center

Other Key Information: \_\_\_\_\_

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# DIRECTV Dealer Checklist for Contracts

This checklist must be submitted as the cover page for all contracts submitted through SalesForce.com.

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

## PROPERTY INFORMATION

Business Name: \_\_\_\_\_

Property Owner/Manager Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name for Installation (not dealer technician): \_\_\_\_\_

Contact Email for Installation (not dealer technician): \_\_\_\_\_

Billing Contact Name:\* \_\_\_\_\_

Billing Contact Email: \_\_\_\_\_ Billing Contact Phone: \_\_\_\_\_

\*Not required if billing under third-party dealer

Who is your current video provider? \_\_\_\_\_

## DEALER INFORMATION

Dealer: \_\_\_\_\_

Dealer ID: \_\_\_\_\_

Dealer Contact Name: \_\_\_\_\_

Dealer Email: \_\_\_\_\_

Dealer Phone: \_\_\_\_\_

## PLEASE CHECK APPROPRIATE BOXES

### Agreement Types:

- Hospitality Agreement
- Institutions Agreement
- University Agreement

### Additional Required Information:

- Hospitality & Institutions Receiver List (Excel format required)
- Customer name (print), person signing (print), title and signature
- Customer signature

### Optional Forms:

- Additional Services Addendum
- Payment information (required only for recurring payments)
- Tax-Exempt Certificate, if applicable; required if:
  1. Property is tax-exempt
  2. Government
  3. Agencies, non-profit organizations
  4. Direct payment agreements only

DEALERS ARE NOT AUTHORIZED TO SIGN ANY AGREEMENT OR FORM ON BEHALF OF A PROPERTY. ANY DEALER SIGNING AGREEMENTS OR FORMS ON BEHALF OF A PROPERTY MAY BE IMMEDIATELY TERMINATED BY DIRECTV.

Dealer Signature: \_\_\_\_\_

*All contracts will be completed within 24 hours of submission, provided they are complete. You will experience delays beyond 24 hours if there is incomplete, incorrect or missing paperwork. If there are any questions, please contact 877.389.5372.*

**Note:** All agreements can be accessed on the Dealer Center.