



Dear Potential Dealer:

Thank you for your interest in becoming an authorized dealer for MetroPCS.

**We are currently accepting applications from business professionals who are interested in becoming MetroPCS Dealers. Please note that only completed applications will be considered.**

Please complete the Potential Dealer Profile and email the completed document to:  
[nydealers@metropcs.com](mailto:nydealers@metropcs.com)

We thoroughly evaluate each application, with careful consideration being given to your store's proximity to existing MetroPCS dealers. Other determining factors include your status as an independent business, the number of carriers you represent, as well as your store's appearance.

After we review your profile and documents, we will contact you for further discussion.

Again, thank you for your interest in MetroPCS.

*MetroPCS, New York Market*



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## Authorized Dealer Program Minimum Guidelines

### Location Guidelines

1. Dealer must have retail storefront presence including signage.
2. Dealer must have a current email address for communications from MetroPCS.
3. Dealer must have an operational fax machine for receipt of time sensitive information from MetroPCS.
4. Dealer location should be attractive, well kept, orderly and located in visible area.
5. Dealer must complete Dealer Application including bank and trade references and pass financial, background, and criminal history check.
6. Startup businesses must present business plan.
7. Requested location must be a minimum of 2 miles from nearest authorized MetroPCS location.

### Minimum Merchandising Standards

Dealer must display the following:

1. Approved MetroPCS signage/banner inside retail locations
2. Current coverage map provided by MetroPCS
3. MetroPCS literature regarding coverage and pricing
4. MetroPCS approved handsets
5. Dealer may not alter the metroPCS logo or recreate it without consent of MetroPCS.
6. MetroPCS signage displayed on exterior of building.

### Training Standards

1. Dealer must have owner(s) as well as all sales personnel trained by MetroPCS Representative prior to initial launch of MetroPCS service.
2. Dealer's new hires must attend a MetroPCS training session prior to selling MetroPCS products & services.
3. Dealer should notify their MetroPCS Representative of all new hires in order to provide ongoing training.



**Potential Dealer Profile**

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

Name of Business: \_\_\_\_\_ DBA Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Requested Location Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Date opened/acquired: \_\_\_\_\_

(List any additional store locations on page 2)

Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_ Fax Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Contact's Mobile Telephone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

What is your type of business? \_\_\_\_\_

How many employees? \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_ Answering Machine \_\_\_Yes\_\_\_No

**Other carriers sold:**

AT&T	Yes	No	Direct or Sub under which master dealer	_____
Cingular	Yes	No	Direct or Sub under which master dealer	_____
Nextel	Yes	No	Direct or Sub under which master dealer	_____
Sprint	Yes	No	Direct or Sub under which master dealer	_____
TMobile	Yes	No	Direct or Sub under which master dealer	_____
Verizon	Yes	No	Direct or Sub under which master dealer	_____
Other	Yes	No	Direct or Sub under which master dealer	_____

What services or products do you sell? \_\_\_\_\_

Number of MetroPCS units expected to sell per month: \_\_\_\_\_

Want to be a payment center? \_\_\_Yes\_\_\_No    Do you advertise? \_\_\_Yes\_\_\_No

Which advertising mediums? \_\_\_\_\_

Monthly advertising budget: \_\_\_\_\_ Will you advertise MetroPCS? \_\_\_Yes\_\_\_No

Can you display a banner outside? \_\_\_Yes\_\_\_No

Are you interested in purchasing a MetroPCS Auth. Dealer sign for your store(s)? \_\_\_Yes\_\_\_No

Are you willing to dedicate at least 50% of your store space to MetroPCS? \_\_\_Yes\_\_\_No

Please check all that apply:

Store Front     Kiosk     Direct Sales

Warehouse     E – Commerce     Flea Market

Additional locations:

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I attest that the foregoing statements and answers are true and complete. I authorize MetroPCS, Inc. and its related affiliated entities to investigate all statements contained in this application and to conduct a credit, background, and criminal history check on any and all individuals and business names associated with my company. I understand any misrepresentation or omission of the facts called for will constitute sufficient reason to cancel this application or, if I have been granted a dealership, to terminate my dealership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name