



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 attach copies of the following:

- articles of incorporation or organization
- recent financial statement
- business license
- proof of insurance
- lease agreement or deed to property

Mail all documentation to the address below, attention: Sales Admin.

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, Florida



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: _____ () _____

Email address: _____ Website: _____

Alternate Contact: _____ Title: _____

Store/business owner: _____ % of ownership: _____

Owners/Partners: _____ % of ownership: _____

Leased or building owned in name of: _____

Business License in name of: _____

Insurance in name of: _____ Coverage's and Limits: _____

What is your primary type of business? _____

How many employees? _____ Other languages spoken: _____

Days & 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 Exterior 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

Bank Reference

Name of Bank: _____ Account #: _____

Additional Locations:

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

Return this completed application with copies of the following:

- Articles of incorporation or organization
- Recent financial statement or balance sheet
- Current Certificate of Insurance coverage
- Current Business License
- Lease agreement or Deed to Property