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DISH Network Inquiry Form

Attn: MDS DISH Research

Date: \_\_\_/\_\_\_/\_\_\_ MSD Account #: \_\_\_\_\_ Retailer Email: \_\_\_\_\_
Retailer Name: \_\_\_\_\_ Retailer Fax #: \_\_\_\_\_

Inquiry 1
Choose One: [ ] Dequalification [ ] Swap [ ] Chargeback [ ] Missing Payment [ ] Other
Caller ID # R0 \_\_\_\_\_ Claim Number \_\_\_\_\_
Customer Name: \_\_\_\_\_ Customer Phone: \_\_\_\_\_
Certificate # (If Applicable) \_\_\_\_\_
Explanation: \_\_\_\_\_

Inquiry 2
Choose One: [ ] Dequalification [ ] Swap [ ] Chargeback [ ] Missing Payment [ ] Other
Caller ID # R0 \_\_\_\_\_ Claim Number \_\_\_\_\_
Customer Name: \_\_\_\_\_ Customer Phone: \_\_\_\_\_
Certificate # (If Applicable) \_\_\_\_\_
Explanation: \_\_\_\_\_

Inquiry 3
Choose One: [ ] Dequalification [ ] Swap [ ] Chargeback [ ] Missing Payment [ ] Other
Caller ID # R0 \_\_\_\_\_ Claim Number \_\_\_\_\_
Customer Name: \_\_\_\_\_ Customer Phone: \_\_\_\_\_
Certificate # (If Applicable) \_\_\_\_\_
Explanation: \_\_\_\_\_