

Application for Door-to-Door Agents

Company Name: _____

Owner/President: _____

Contact Name: _____

GENERAL INFORMATION

1. Are you a member of any Industry associations related to your business?
If so, please list below:

2. How are your selling agent compensated? (i.e. salary only, combination of commission and salary, commission only, weekly/bi-weekly/monthly)

3. Do you provide a food allowance? Yes No

4. Do you provide a housing allowance? Yes No

5. Describe your recruiting practice (i.e. newspaper, yellow pages, radio, TV, trade shows, referrals, shopping malls, schools, Internet, etc)

6. Do you have any written agreements with your agents? Yes No
If yes, please attach a sample agreement

7. Do you have any sales agents under 18 years of age? Yes No

8. Please describe your policy adherence to the Industry's "bus ticket home" program for sales agents leaving your organization.

9. Briefly describe your company's training program, including the duration of the program and any refresher courses.

Please attach a copy of your company's training program manual or guidelines

10. Please describe the Code of Ethics and/or Mission Statement for your company (attach copy if available).

11. If applicable, do you confirm the validity of state-issued driver's licenses for all individuals who operate a vehicle as part of their job?

12. Do you conduct employment background searches on potential new hires? Yes No

13. What service(s) do you use to conduct reference and background checks?

14. Do you verify the authenticity of orders through an audit process? Yes No

15. Briefly describe the audit process followed by your agency.

16. Do you have an office other than setting up office while on crew? _____

17. Where is your home base? _____

PREVIOUS DOOR-TO-DOOR EXPERIENCE

1. What agency were you previously selling for? _____

2. Why did you leave? _____

3. How long have you been on your own? _____

4. How long have you been in the business? _____

5. Did you leave your last company owing them any money, cars or debts?

6. Do they know you left and do you have their blessing? _____

SALES CREW INFORMATION

Please complete this section of each sales crew (attached additional sheets if needed). If information above is not accurate for any of the below crews, please complete the above general information for that crew as well.

Company Name: _____

Manager Name: _____

Phone Number: _____

EIN: ___ - _____

Number of Sales Agents: _____

Information listed is accurate as of ___ / ___ / _____

Company Name: _____
Manager Name: _____
Phone Number: _____
EIN: ___ - _____
Number of Sales Agents: _____
Information listed is accurate as of ___ / ___ / _____

Company Name: _____
Manager Name: _____
Phone Number: _____
EIN: ___ - _____
Number of Sales Agents: _____
Information listed is accurate as of ___ / ___ / _____

Company Name: _____
Manager Name: _____
Phone Number: _____
EIN: ___ - _____
Number of Sales Agents: _____
Information listed is accurate as of ___ / ___ / _____

Company Name: _____
Manager Name: _____
Phone Number: _____
EIN: ___ - _____
Number of Sales Agents: _____
Information listed is accurate as of ___ / ___ / _____

Company Name: _____
Manager Name: _____
Phone Number: _____
EIN: ___ - _____
Number of Sales Agents: _____
Information listed is accurate as of ___ / ___ / _____

SIGNATURE

My signature below declares that the information on this application is true and correct.

Completed By:

Signature

Printed Name

Date

Please complete and submit this application via fax, email or mail to:

SubscriptionAgency.com Inc
Attn: Agent Applications
141 W Central Ave. Suite 17
Winter Haven, FL 33880

Fax: 866-890-MAGS
Email: info@subscriptionagency.com