



### Agent Background Information Form

Agent Name: \_\_\_\_\_

Company: \_\_\_\_\_

Company Website: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Customer Service #: \_\_\_\_\_

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

Federal ID # \_\_\_ - \_\_\_\_\_ or

Social Security # \_\_\_ - \_\_\_ - \_\_\_\_\_

Are you already selling magazines?  Yes  No

If yes, how long have you been selling magazines? \_\_\_\_\_

How many employees/contractors do you have? \_\_\_\_\_

How did you hear about SubscriptionAgency.com? \_\_\_\_\_

Who else are you currently clearing orders through? \_\_\_\_\_

Who have you cleared orders through that you don't currently? \_\_\_\_\_

If you are no longer clearing through a previous clearinghouse, please explain why:

\_\_\_\_\_

If you are still clearing through another agency, why did you sign up with us?

\_\_\_\_\_

Do you require immediate payment on orders or do you invoice your customers?

\_\_\_\_\_

How many orders do you sell per month on average? \_\_\_\_\_

How many reps do you have selling magazines? \_\_\_\_\_

If you are telemarketing:

How many rooms do you have? \_\_\_\_\_

Do you record all sales?  Yes  No

Can you provide a copy of the recorded verification for audit?  Yes  No

Is your order processing automated or do you manually process orders? \_\_\_\_\_

Do you have a lot of renewals?  Yes  No

Do you have any publisher deauthorizations we should know about? \_\_\_\_\_

\_\_\_\_\_

If you are rated with the BBB, what is your current score? \_\_\_\_\_

How do you accept payment for orders? (ACH, Check, Cash, Credit Card, etc) \_\_\_\_\_

\_\_\_\_\_

What is your cancel policy?\*(30-90 days, none, prorated cancels, etc)? \_\_\_\_\_

\_\_\_\_\_

(\*Publishers require a pro-rated refund to be issued on all unserved issues)

Do you have subagents or third parties who send their subscription orders to you to be cleared through us?  Yes  No

If yes, please list your Subagents below. If necessary, provide additional Subagents on a separate sheet.

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

Social Security # \_\_\_\_\_ Federal ID # \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Federal ID # \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Federal ID # \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Federal ID # \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Federal ID # \_\_\_\_\_

Selling on Ebay is not permitted. Please initial, confirming that you do not and will not sell magazine subscriptions or vouchers on Ebay: \_\_\_\_\_

Selling at discount is not permitted. Please initial, confirming that you do not and will not sell magazine subscriptions for less than the publisher authorized prices: \_\_\_\_\_

Where are or do you plan to sell magazines?

Online: Name of website: \_\_\_\_\_

Telemarketing: Inbound or Outbound? \_\_\_\_\_ (Copy of sales script required)

Door-to-Door: (Only if running sales crew(s) – select “other” if individual and explain program below)

Direct Mail: (Copy of mail piece required)

Fundraising: (Please explain program below)

Other: (Please explain below)

Magazine Sales Program Details:

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Please sign this completed form indicating that all the above information is accurate.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)