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 __ / __ / ______

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