

# Application for Door-to-Door Agents

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

Owner/President: \_\_\_\_\_

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

## GENERAL INFORMATION

1. Are you a member of the National Field Selling Association (NFSA)?

Yes No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you provide a food allowance? Yes No

5. Do you provide a housing allowance? Yes No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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**12. 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?**

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

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

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

**16. Briefly describe the audit process followed by your agency.**

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17. Do you have an office other than setting up office while on crew? \_\_\_\_\_  
\_\_\_\_\_

18. 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:

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*Signature*

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*Printed Name*

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*Date*

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

**SubscriptionAgency.com Inc**

**Attn: Agent Applications**

**365 E Central Ave.**

**Winter Haven, FL 33880**

**Fax: 866-890-MAGS**

**Email: [info@subscriptionagency.com](mailto:info@subscriptionagency.com)**