

Magazine Audit Requirements

All agents should expect to receive audit requests conducted by the AAM, BCA and us. Audits are conducted periodically and below is a listing of what is required.

Documentation Required:

- 1) Original Order Documentation to include either
 - a. Direct Mail – copy of the actual card completed by subscriber
 - b. Telephone orders – sample script
 - c. Internet orders – screen print of offer with title & price listed

- 2) Payment Documentation to include all (system screen print acceptable)
 - a. Subscriber Name and full Address
 - b. Title purchased
 - c. Issues purchased
 - d. Method of payment (Cash, Check or Credit Card)
 - e. Date of transaction

- 3) Payment Processing Documentation* – this includes documentation from a financial institution proving deposit into a bank account.
 - a. Batch detail from your records showing individual order total that matches the payment documentation totaled for the day.
 - b. 3rd Party Deposit Verification (must have name of 3rd party on documents)
 - i. Bank deposit receipt – for cash or checks
 - ii. Credit Card Processor reports i.e. Payment Tech, PayPal

*See samples on attached pages

All order documentation must be held and readily available for a period of **FIVE YEARS** from the date of sale/transaction.

All Audit requests will be sent via email.

Additional SubscriptionAgency.com requirements for all Agents:

- Audit request documentation must be returned within 5 business days

- If you fail to respond or provide required documents in a timely manner we may be forced to cancel your account. (Your failure to provide documentation to us may cause us to lose future authorization from a Publisher)

Please read the included information and sign below that you have read and understood the AAM/BPA Audit Requirements.

Company: _____ EIN/SSN: _____ Date: _____

Agent Name: _____ Signature: _____

Cash & Check Payment Documentation for Full Audit

1. Copy of check from sampled subscriber (if available)
2. Daily Batch Report
3. Deposit
4. Bank Confirmation of Deposit

1. Copy of check from sampled subscriber

S	Jane Smith 123 Main Street Anytown, USA 12345	1233
		11/15/04 Date
	Pay to the Order of <u>Magazine Inc.</u>	\$ 45.99
	<u>forty five</u>	99/100
	Bank of USA NY, NY 12300	
For		Jane Smith
I:00000000 ; 0000000000000000' 1233		

2. Daily Batch Report

Daily Batch Summary Report				Date: 11/18/04
Date	Name	Account Number	Amount	
11/17/04	Amy Jones	koo1123	\$48.00	
11/17/04	Pete Moore	uyr1123	\$34.00	
11/18/04	Brian James	smiii223	\$23.99	
11/18/04	Jane Smith	ssw6788	\$45.99	
Total			151.98	

3. Deposit summary

DEPOSIT TICKET		
	Dollars	Cents
Currency		..
Coins		.
Checks		
KOO123	48	00
UYR1123	34	00
SMIII223	23	99
SSW6788	45	99
TOTAL	151	98
Acct 22222222222222222222222222222222		

4. Bank confirmation of deposit

Bank of the USA Deposit Receipt	
Anytown USA	
Account: 22222222222222222222222222222222	Amount 151.98
Date: 11/18/04	

Sample of 3rd Party Credit Card Authorization Report



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Transaction Detail [Help](#)

Transaction ID: xxxxxxxxx
Transaction Status: Settled Successfully

Settlement Information

Settlement Amount: USD 36.34
Settlement Date and Time: 28-Nov-2004 19:19:37

Authorization Information

Authorization Amount: USD 36.34
Submit Date /Time: 28-Nov-2004 10:10:41
Authorization Code: xxxxx
Reference Transaction ID: Not Applicable
Transaction Type: Authorization w/ Auto Capture
Address Verification Status: Street Address: Match Zip: Matched first 5 digits (Y)
Card Code Status: Matched
CAVV Result Code: Not Applicable
Fraud Score Applied: Not Applicable
Recurring Billing Transaction: N
Dynamic Currency Conversion: Not Applicable
Partial Capture Status: Not Applicable
Customer IP: xx.x.xx.xxx

Payment Information

Card Type: MasterCard
Card Number: XXXX2835
Expiration Date: XXXX
Total Amount: USD 36.34

Order Information

Invoice #:
Description:

Customer Billing Information

Name: Purchaser Name
Company:
Address: Purchaser Address.
City: City

Sample of 3rd Party Credit Card Authorization Report

State/Province: State
Zip Code: Zip
Country: United States
Phone: 888-888-8888
Fax:
Email:

Customer ID:
Customer Type:
Customer TaxID/SSN:

DL Number:
DL State:
DL DOB:

Shipping Information

Name: Subscriber's Name
Company:
Address: Subscriber Address
City:
State/Province:
Zip Code:
Country: United States
Phone: 888-888-8888
