



### Agent Background Information Form

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

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

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)? \_\_\_\_\_

\_\_\_\_\_

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)