

PubCom

PUBLISHERS COMMUNICATION SYSTEMS

PUBCOM AGENT APPLICATION

THANK YOU

for your interest in joining our agent network!

OUR PROCESS

After we receive your agent application, it will be reviewed for approval by our agent service representatives. Once approved, you will receive:

- PubCom Agent Code - A code that will identify your sales office in our order processing system. This code will need to appear on all order files and should be listed in the "memo" line of all checks submitted to PubCom for order processing.
- Online Access - Your agent code, accompanied by a password will gain you access to our online agent services website.
- Price List - Through our agent services website, your sales office will be able to access and download PubCom's extensive magazine price list.

APPLICATION

1. **Detailed information pertaining to your business (pages 2-3)**
This information helps us to better communicate with your team and to better serve your needs as a sales office. Please provide as much detail as possible.
2. **Signature Page (page 4)**
This is a required page that states that your company has reviewed the necessary industry and PubCom guidelines governing magazine subscription sales.
3. **W9 Form (page 5)**
This is a form that we are required to obtain from you by our publisher clients.
4. **Agent Documents**
The forms on pages 6-13 include the following:
 1. AAM (*formerly ABC*) Audit Compliance
 2. MPA Guidelines
 3. Instructions: please read and retain for your records.

SUBMISSION PROCESS

When completed, please return pages **2, 3, 4** and the **W9** form with signatures as required.

BY MAIL

PubCom
Attention: Agent Services
2155 North State Road 7
Margate, FL 33063

BY FAX

954-984-8737

BY E-MAIL

Scan the required pages and e-mail the files to
agentservices@pubcomnetwork.com

Please complete the following fields as detailed as possible so that we can best serve your needs. If you require any assistance during this process, please call toll free 866-535-7766, ext 6 and ask to speak with an agent representative.



COMPANY NAME: _____

Years in business: _____

Federal ID#: _____

If no Federal ID, a social security number must be provided of the owner/agent.

Please check corporate filing status:

- Corporation/LLC
- Sole Proprietorship
- Individual

How did you hear about us: _____

Referred by: *(if applicable)* _____

CONTACT NAME: _____

Position with company: _____

If not owner, please list owner's name: _____

BUSINESS ADDRESS: *(A street address must be provided for UPS/FedEx shipments.)*

Street Address: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS if different from above: *(All correspondence will be mailed to this address.)*

Street Address: _____

City: _____ State: _____ Zip: _____

COMMUNICATION:

Telephone: _____

** Required*

Telephone 2: _____

Cell / Toll free number / Second contact number

Fax: _____

Main E-mail: _____

** Required*

Website URL: _____

DEPARTMENTAL CONTACT INFORMATION:

Your Accounting Department

Contact: _____ Phone: _____

E-mail: _____

Your Customer Service Department

Contact: _____ Phone: _____

E-mail: _____

Your Technical Support Department

Contact: _____ Phone: _____

E-mail: _____

METHOD OF SALES

Which of the following categories best describes your sales operation? Check all that apply.

<input type="checkbox"/>	Direct Mail	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Internet Sales	<input type="checkbox"/>	Catalogue
<input type="checkbox"/>	Telemarketing	<input type="checkbox"/>	Trade Shows
<input type="checkbox"/>	Reception / Waiting Room	<input type="checkbox"/>	Paid During Service (PDS)
<input type="checkbox"/>	Other (explain)		

ADDITIONAL TRADE NAMES THAT YOU USE

Name:	Federal ID:
Name:	Federal ID:
Name:	Federal ID:
Name:	Federal ID:

If more room is required, please attach an additional page.

YOUR SUB-AGENTS OR ANY THIRD PARTY DATA PROVIDERS

Please be advised that as an authorized PCS agent, you are required to provide a detailed list of any and all sub-agent and/or third party data providers. Failure to provide this information may result in your deauthorization. Please refer to Guidelines on Relations with Subscription Agents, Item #2 - The Use of Subagents, for further information. ____ (please initial)

Sub-Agent Name:	Sub-Agent Name:
Sub-Agent Trade Name:	Sub-Agent Trade Name:
Address:	Address:
Suite:	Suite:
City: St: Zip:	City: St: Zip:
Telephone:	Telephone:
Federal ID:	Federal ID:

If more room is required, please attach an additional page.

YOUR SUBSCRIPTION SUBMISSION:

How do you intend to submit orders for processing to PubCom? Online E-mail Postal Mail

How do you prefer to receive price lists and updates? Online E-mail Hardcopy (temporary only)

PUBLISHER / AGENCY STATEMENT

Have you and/or your company(ies) ever been suspended or de-authorized by another agency or publisher?

Yes No

If yes, please explain: _____

Please explain your cancellation and/or refund policy. Please be aware that you may be required by a publisher to cancel a subscriber's order upon request and refund all remaining issues or dollars paid. ____ (please initial)

Would you like additional information on any of the following available services : Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Business Development & Consulting | <input type="checkbox"/> Order Entry Software |
| <input type="checkbox"/> Billing Services; including credit card and invoice processing, full customer service and audit disposition | <input type="checkbox"/> Customized Sales Report Software |
| | <input type="checkbox"/> Sales lead information |

AGREEMENT

I, (print name) _____
of (Print Company Name) _____ agree that
the preceding information is accurate. I have received and read the MPA Guidelines as well as the AAM requirements and understand their intent. Further, I understand that I must meet certain responsibilities as an independent agent including but not limited to the following:

- AAM & Publisher Audit requirements will be adhered to and presented in a timely fashion when requested as outlined. Complete records must be kept for a minimum of two (2) years as outlined in the attached documents, including copies of payment (checks, etc) as well as deposit slips and bank accounts.
- Customer Service - This is paramount to both your business as well as ours. It is your responsibility to research and contact your customer when requested to do so by one of PubCom's representatives. When a service complaint is filed we will act on it immediately and expect you to do the same so as to resolve all disputes in a timely fashion. Failure to respond could be cause for suspension of your ability to clear through PubCom and/or by the publisher until such dispute is corrected to the satisfaction of all parties involved. Lack of compliance may result in termination with PubCom and/or the publisher.
- MPA Agreement guidelines.
- Credit Memos Policy: Credit memos to agents shall expire three months from the date issued if not applied during this time period.
- Payment is to be made to PubCom (Publishers Communication Systems, Inc) by one of the following methods:
 - Check is to accompany hard copy or CD orders, or
 - E-mail order - Check is to be sent by overnight delivery, or
 - Fax-Pay prior to arrival of orders.

Orders will not be processed without payment. If for any reason a check is returned to PubCom, you may be required to remit the funds by money order, cashier or certified check for each returned check and on all future payments. A \$50.00 fee will be accessed for each returned check. I will abide by these guidelines while conducting business with PubCom.

Print Name: _____ Title: _____

Signature: _____ Date: _____