

Zedbugs Ltd Agency Application Form



Application Procedure

| | |
|---------------|--|
| Step 1 | Please save this form to your computer, complete, print out, sign and return to Zedbugs Ltd, Coydon, Bolham, Tiverton, Devon EX16 7RL. Please address any questions to us by e-mail to info@zedbugs.co.uk |
| Step 2 | If Zedbugs Ltd, at our sole discretion, wish to proceed further with your application we will send you a draft copy of our standard Agency Agreement for your review |
| Step 3 | Upon receipt of your acceptance of the draft agreement Zedbugs may contact the references you have given and may request that you meet us for interview |
| Step 4 | Subject to satisfactory completion of the above The Zedbug Agency Agreement will be sent to you for signature. |
| Step 5 | Upon receipt of your signed copy together with payment of £ 75.00, we will sign the Agency Agreement and your Demonstration package including electronic versions of leaflets and order forms |

SECTION 1 Applicant's Details

Title Mr Mrs Miss Ms

| | | | |
|-------------------|--|----------------|--|
| First name | | Surname | |
|-------------------|--|----------------|--|

Address

| | | | |
|------------------|--|---------------|------------------|
| Line 1 | | Line 2 | |
| Town/City | | County | Post Code |

| | | | | | |
|---------------|--|--------------------------|--|---------------|--|
| e-mail | | Daytime telephone | | Mobile | |
|---------------|--|--------------------------|--|---------------|--|

Age 18-25 26-40 41-60 Over 60

Age of your children 0-3 3-11 12-15

| | | | |
|---------------------------|------------------------------------|--|--|
| Current Occupation | Full time <input type="checkbox"/> | Name of Employer | |
| | Part time <input type="checkbox"/> | | |
| | Job description | | |
| Number of years | | CRB clearance Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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SECTION 2

Proposal for Implementation of Zedbug Agency

Do you have : Laptop computer Yes No
Portable CD player Yes No
Car Yes No

How many hours per week during working hours would you be able to devote to your Zedbug sales agency

Term time: 8-20 hours 21- 40 hours
School holidays 8-20 hours 21- 40 hours

Do you have previous selling experience ? Yes No If yes, please give details

| | | | | | |
|----------------------------------|------------------------------------|------------------|--|----|--|
| Previous Sales Experience | Full time <input type="checkbox"/> | Type of product | | | |
| | Part time <input type="checkbox"/> | Name of employer | | | |
| | Job description | | | | |
| | Dates | From | | To | |

Please provide any further information in support of your application for a Zedbug Agency (Continue on additional sheets if necessary)

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SECTION 3 References

| | | | | |
|---------------------------|-----------|--|-----------|--|
| Reference 1 | Name | | | |
| | Address | | | |
| | | | Post Code | |
| | Telephone | | | |
| Relationship to applicant | | | | |
| Reference 2 | Name | | | |
| | Address | | | |
| | | | Post Code | |
| | Telephone | | | |
| Relationship to applicant | | | | |

I/We hereby agree that Zedbugs Ltd may follow up references in assessing my/our suitability for Agency status

SECTION 4

Declaration

I/We confirm that the information declared is true and that no relevant information has been withheld.

| | |
|-------------|--|
| Name | |
|-------------|--|

| | |
|------------------|--|
| Signature | |
|------------------|--|

| | |
|-------------|--|
| Date | |
|-------------|--|