



Sub-Agent New Log-In Request Form

First Tier Agent Information:

Company (if applicable): _____ Name: _____

Agent #: _____ Phone #: _____ Manager: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Ship Supplies To: Master ISO Manager Agent Other: _____

Sub-Agent Information:

First Name: _____ Last Name: _____

Phone Contact: _____ Cell Home Office

Street Address _____

City _____ State _____ Zip Code _____

Local Office Depot Store # _____ (Required For Pickup of Paper Supplies)

E-Mail Address: _____

Shirt Size:

Men's: SM MD LG XL XXL XXXL XXXXL XXXXXL

Woman's: SM MD LG XL XXL

***Please send a small head shot photo for their name badge.**

***Agents in Oklahoma must activate GPS tracker prior to distribution**

_____ Please send completed form to Administration@AssistWireless.com _____

For Company Use Only

- Background Check Cleared
- Name Badge
- Login
- T-Shirts
- Banner

OK Agents:

- GPS Tracker
- Terms and Conditions
- Extra Banner