

Global Systems Telecom

Agent Profile Sheet

Please complete the following Agent Profile Information and return with your signed contract.

PLEASE PRINT CLEARLY

Agency Name: _____

Primary Contact: _____

Secondary Contact: _____

Name to be printed on checks: (must match W9) _____

Address: _____

Suite, Unit, Building, Apt: _____

City, State, Zip Code: _____

Email Address: _____

Website: _____

Tel: () _____

Fax: () _____

Cell: () _____

Please fax this form and the entire GST Agent Agreement to:

**Paul Silicato
(866) 759-0379**

**Upon receiving your agreement, a welcome package will be sent to the address listed above.
Shortly after, you will be contacted by GST to schedule your Partner Orientation Training.**