

TowTimes®

SUBSCRIPTION FORM

PLEASE PRINT OUT SUBSCRIPTION FORM AND MAIL TO:
 PO BOX 522020, LONGWOOD, FL 32752-2020
 OR FAX TO: (407) 327-2603

SUBSCRIPTION QUESTIONS: Call Rosie at (800) 308-3745

YES

- Begin my subscription to *Tow Times*** (See payment method below, U.S. currency only.)
 For one-year (12 issues) subscriptions: U.S. \$38, Canada U.S. \$49 (NS-NB-NL-PE \$52.66 U.S.),
 Foreign/Mexico U.S. \$80
- Bill me (U.S. subscriptions only) \$40 for one year (12 issues) subscription. U.S. currency only.
- No, I don't need *Tow Times*.
 Stop sending it please.

PLEASE PRINT CLEARLY • ALLOW 4-6 WEEKS FOR DELIVERY **Date:** _____

Name _____ Signature (required) _____

Company _____

Address _____

City/State/Zip _____

Province/Country/Postal Code (Outside U.S.) _____

Phone (_____) _____ FAX (_____) _____

Yes, I give *Tow Times* permission to fax me (signature required): _____

E-mail _____

PAYMENT METHOD: Check Money Order Visa MasterCard AMEX Discover

Name on Card _____

Card Number _____ Expiration Date _____

Signature (required) _____ Card Validation No.

To speed up your order, please check one box per section only.

- | | | |
|--|--|--|
| <p>1. Primary business activity (choose one):</p> <p>10. <input type="checkbox"/> Towing/Recovery/Transport</p> <p>11. <input type="checkbox"/> Manuf - Equip/Access</p> <p>12. <input type="checkbox"/> Dist - Equip/Access</p> <p>13. <input type="checkbox"/> Motor Club</p> <p>16. <input type="checkbox"/> Auto Dealership</p> <p>17. <input type="checkbox"/> Auto Leasing</p> <p>20. <input type="checkbox"/> Road Service</p> <p>30. <input type="checkbox"/> Salvage/Auto Parts/Recycling</p> <p>40. <input type="checkbox"/> Auto Rep/Garage/Svc Ctr</p> <p>50. <input type="checkbox"/> Auto Body Shop</p> <p>60. <input type="checkbox"/> Service Station</p> | <p>70. <input type="checkbox"/> Repossession</p> <p>80. <input type="checkbox"/> Law or Regulatory Enforcement</p> <p>81. <input type="checkbox"/> Insurance</p> <p>90. <input type="checkbox"/> Industry Assn</p> <p>99. <input type="checkbox"/> Other (specify) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>2. Your title within the company is:</p> <p>1. <input type="checkbox"/> Owner or President</p> <p>2. <input type="checkbox"/> Co-owner or Partner</p> <p>3. <input type="checkbox"/> Manager (incl GM, Div Mgr, etc.)</p> <p>4. <input type="checkbox"/> Company Officer (VP, Treas, etc.)</p> <p>5. <input type="checkbox"/> Supervisor or Administrator</p> <p>6. <input type="checkbox"/> Dispatcher</p> <p>7. <input type="checkbox"/> Driver</p> <p>8. <input type="checkbox"/> Other (specify) _____</p> <p>_____</p> <p>_____</p> |
|--|--|--|

- 3. Number of employees in your company:**
1. 1-4 3. 10-19 5. 50-99 7. 250-499 9. 1,000+
2. 5-9 4. 20-49 6. 100-249 8. 500-999
- 4. Check one that best describes your purchasing authority of equipment & services:**
1. I authorize/approve purchase. No purchasing authority
2. I recommend/specify purchase
- 5. Number of trucks in your fleet:**
1. 1-5 3. 11-15 5. 21+
2. 6-10 4. 16-20