



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

YES

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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: (_____)

E-mail: _____

I work for the following AAA club(s): _____

PAYMENT METHOD: Check Money Order Visa MasterCard AMEX Discover

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TO SPEED UP YOUR ORDER, PLEASE CHECK ONE BOX PER SECTION ONLY.

1. Primary business activity (choose one):

- 10. Towing/Recovery/Transport
- 11. Manuf - Equip/Access
- 12. Dist - Equip/Access
- 13. Motor Club
- 16. Auto Dealership
- 17. Auto Leasing
- 20. Road Service
- 30. Salvage/Auto Parts/Recycling
- 40. Auto Rep/Garage/Svc Ctr
- 50. Auto Body Shop
- 60. Service Station
- 70. Repossession
- 80. Law or Regulatory Enforcement
- 81. Insurance
- 90. Industry Assn
- 99. Other (specify) _____

3. Number of employees in your company:

- 1. 1-4
- 2. 5-9
- 3. 10-19
- 4. 20-49
- 5. 50-99
- 6. 100-249
- 7. 250-499
- 8. 500-999
- 9. 1,000+

4. Check one that best describes your purchasing authority of equipment & services:

- 1. I authorize/approve purchase
- 2. I recommend/specify purchase
- 3. No purchasing authority

2. Your title within the company is:

- 1. Owner or President
- 2. Co-owner or Partner
- 3. Manager (incl GM, Div Mgr, etc.)
- 4. Company Officer (VP, Treas, etc.)
- 5. Supervisor or Administrator
- 6. Dispatcher
- 7. Driver
- 8. Other (specify) _____

5. Number of trucks in your fleet:

- 1. 1-5
- 2. 6-10
- 3. 11-15
- 4. 16-20
- 5. 21+

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