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Name _____

Company _____ Phone (_____) _____

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Credit Card # _____ Expires _____ / _____ Code _____

Check or money order enclosed Payment Amount \$ _____

Signature _____ Email _____

REQUIRED: Please check the appropriate boxes below to help us better serve you.

1. PRIMARY BUSINESS (check only one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Towing/Recovery | <input type="checkbox"/> Auto Repair/Service Center | <input type="checkbox"/> Repossession | <input type="checkbox"/> Transport/Trailer Service |
| <input type="checkbox"/> Salvage/Autoparts | <input type="checkbox"/> Truck Repair | <input type="checkbox"/> Auto Body Shop | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Auto/Truck Dealership | <input type="checkbox"/> Vehicle Leasing | <input type="checkbox"/> Finance/Banking | <input type="checkbox"/> Equipment Distributor |
| <input type="checkbox"/> Lockout | <input type="checkbox"/> Other _____ | | |

2. SECONDARY BUSINESS (check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Towing/Recovery | <input type="checkbox"/> Auto Repair/Service Center | <input type="checkbox"/> Repossession | <input type="checkbox"/> Transport/Trailer Service |
| <input type="checkbox"/> Salvage/Autoparts | <input type="checkbox"/> Truck Repair | <input type="checkbox"/> Auto Body Shop | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Auto/Truck Dealership | <input type="checkbox"/> Vehicle Leasing | <input type="checkbox"/> Equipment Distributor | |
| <input type="checkbox"/> Lockout | <input type="checkbox"/> Other _____ | | |

3. NUMBER OF EMPLOYEES

- 1-5 6-10 11-20 21-50 51-100 100+

4. WHICH BEST DESCRIBES YOUR PURCHASING AUTHORITY

- I authorize I recommend No authority

5. FILL IN NUMBER OF TOW TRUCKS IN FLEET

- | | | | |
|------------------|-------------------|------------------|----------------------------|
| _____ Light Duty | _____ Medium Duty | _____ Heavy Duty | _____ Transport |
| _____ Class 7/8 | _____ Carrier | _____ Rotator | _____ Road Service Vehicle |

6. YOUR TITLE (check only one)

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Owner or President | <input type="checkbox"/> Vice President | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Driver/Operator |
| <input type="checkbox"/> Co-Owner or Partner | <input type="checkbox"/> Manager | <input type="checkbox"/> Dispatcher | <input type="checkbox"/> Other _____ |