AMERICAN TOWMAN

Fax to: 845-986-4171 • Email to: andrea@towman.com
Mail with payment to: 2 Overlook Drive, Suite 5, Warwick, NY 10990
Phone: 800-732-3869, ext. 214

# Subscription Order Form




**USA**

❒ **12 Issues for only $60**

❒ **24 Issues for only $110**

**International**

❒ **12 Issues for only $75**

❒ **24 Issues for only $140**

**Name** _____

**Company** _____ **Phone (** _____ **)** _____

**Street** _____ **City** _____ **State** _____

**Zip Code** _____ **Country** _____

❒ **Credit Card #** _____ **Expires** _____ / _____ **Code** _____

❒ **Check or money order enclosed** ❒ **Payment Amount $** _____ **Billing Zip Code** _____

**Signature** _____ **Email** _____

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

**1. Primary Business** *(check only one)*

❒ Towing/Recovery ❒ Auto Repair/Service Center ❒ Repossession ❒ Transport/Trailer Service
❒ Salvage/Autoparts ❒ Truck Repair ❒ Auto Body Shop ❒ Service Station
❒ Auto/Truck Dealership ❒ Vehicle Leasing ❒ Finance/Banking ❒ Equipment Distributor
❒ Lockout ❒ Other _____

**2. Secondary Business** *(check all that apply)*

❒ Towing/Recovery ❒ Auto Repair/Service Center ❒ Repossession ❒ Transport/Trailer Service
❒ Salvage/Autoparts ❒ Truck Repair ❒ Auto Body Shop ❒ Service Station
❒ Auto/Truck Dealership ❒ Vehicle Leasing ❒ Equipment Distributor
❒ Lockout ❒ 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)*

❒ Owner or President ❒ Vice President ❒ Supervisor ❒ Driver/Operator
❒ Co-Owner or Partner ❒ Manager ❒ Dispatcher ❒ Other _____