

International SUBSCRIPTION QUALIFICATION FORM

Customer # _____
(office use only)

First Name _____ Last Name _____
Store/Company Name _____ Address _____
City _____ State _____ Postal Code _____ Country _____
Phone () _____ Fax () _____ E-Mail _____
Web Site Address _____ Signature _____ Date _____
(Signature Required) (Date Required)

Type of Hobby/Specialty Toy Retailer

R Retailer X Other (Distributor/Wholesaler/Manufacturer)

What Types of Products Do You Sell? *(Check all that apply)*

- | | |
|-----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Arts/Crafts Supplies | <input type="checkbox"/> Models/Diecast |
| <input type="checkbox"/> Books | <input type="checkbox"/> Radio Control |
| <input type="checkbox"/> Collectibles | <input type="checkbox"/> Rockets |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Slot Cars |
| <input type="checkbox"/> Model Railroad | <input type="checkbox"/> Toys |

Do You Sell by Mail Order? Yes No

Do You Sell by Internet? Yes No

What Year Was Your Business Established? _____

Birth month _____

MODEL **Retailer**
magazine®

X64

Return this completed form to:
Model Retailer Magazine
21027 Crossroads Circle, Box 1612
Waukesha, WI 53187-1612
OR FAX TO: 262-798-6592