

doors & hardware

ADVANCING LIFE SAFETY & SECURITY SOLUTIONS

SUBSCRIPTION ORDER FORM

NAME:		COMPANY:	
STREET ADDRESS:			
This is my <input type="checkbox"/> Home <input type="checkbox"/> Office			
CITY:		STATE/PROVINCE:	ZIP:
PHONE:	FAX:	EMAIL:	
PRIMARY BUSINESS:			
<input type="checkbox"/> Sales Agent <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> General Contractor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Architect <input type="checkbox"/> Other: _____			
WHICH BEST DESCRIBES YOUR PURCHASING AUTHORITY?		ANNUAL SALES VOLUME:	
<input type="checkbox"/> Approve <input type="checkbox"/> Recommend <input type="checkbox"/> Specify		<input type="checkbox"/> Less than \$250,000 <input type="checkbox"/> \$250,000–\$499,999 <input type="checkbox"/> \$500,000–\$999,999 <input type="checkbox"/> \$1,000,000–\$2,999,999 <input type="checkbox"/> \$3,000,000–\$4,999,999 <input type="checkbox"/> \$5,000,000–\$9,999,999 <input type="checkbox"/> Over \$10,000,000	
SUBSCRIPTION TYPE		ONE-YEAR SUBSCRIPTION	TWO-YEAR SUBSCRIPTION
Life Member*		<input type="checkbox"/> \$75	<input type="checkbox"/> N/A
Reside within U.S., Canada, or Mexico**		<input type="checkbox"/> \$100	<input type="checkbox"/> \$199
International		<input type="checkbox"/> \$175	<input type="checkbox"/> N/A
PAYMENT METHOD:			AMOUNT ENCLOSED:
<input type="checkbox"/> Check/Money Order Enclosed <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX			\$
CREDIT CARD NO.:	EXP. DATE:	CARDHOLDER'S BILLING ZIP CODE:	
NAME ON CARD:	CARDHOLDER'S SIGNATURE:		

*Must hold current "Life Member" status.

**No charge for architects attaching copy of business card. (Residents of Continental U.S.)

**Please fax or mail this completed form with your payment to
703/222-2410 or DHI, 14150 Newbrook Drive, Suite 200, Chantilly, VA 20151**

