

# Bicycle Retailer

AND INDUSTRY NEWS

## Subscription Qualification Form

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Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Name:

Title:

Company:

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### 1. What is your title? (Check ONE only)

- 01  Owner, Officer, President, Partner, VP, GM, Sec. Treasurer  
02  Manager or Director (Including Sales Manager, Product Mgr., Marketing Mgr.)  
03  Buyer, Purchasing Manager/Agent  
04  Salesperson  
05  Service Dept. Staff  
99  Other Titled Personnel and Non-Titled Personnel

### 2. Please check your primary business: (Check ONE only)

- 01  Individual retail bicycle store (incl. specialty, repair or chain store)  
02  Retail bicycle chain/group headquarters  
05  Distributor, wholesaler or importer  
06  Raw material or machinery suppliers  
07  Manufacturer  
08  Manufacturer's rep  
09  Independent sales rep  
10  Import/Export/Trading  
99  Other (Specify) \_\_\_\_\_

### 3. What is your approximate annual gross?

- 06  More than \$2 million  
05  \$1.5 million to \$2 million  
04  1 million to \$1,499,999  
03  \$500,000 to \$999,999  
02  \$200,000 to 499,999  
01  Under \$200,000

### 4. Are you involved in decisions affecting International purchasing or sales?

- 01  Yes      02  No

***The Publisher will only accept completed applications from individuals in the United States and Canada who meet the qualification criteria for the publication.***

**Mail or Fax to:**

**Bicycle Retailer Circulation, P.O. Box 17155, North Hollywood, CA 91615, FAX: (949) 206-1675**

\_\_\_ Yes, You may send me information regarding Bicycle Retailer magazine via e-mail. Signature \_\_\_\_\_