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## Annual Subscription Form

### Instructions

Please print the PDF form, complete the information and mail or fax to Collision Publishing LLC. If you have any difficulty with this form or need assistance, please contact Collision Publishing at (800) 280-7940.

### Billing Information

First Name:		Last Name:	
Billing Address:			
City:		State:	Zip:
Company:			
Email:		Phone:	
How did you hear about "Collision"? (Print clearly):			

### Shipping Information

First Name:		Last Name:	
Shipping Address:			
City:		State:	Zip:
Company:			
Email:		Phone:	

### Subscription Fees (one year)

\$139 per year

### Payment Information

Type of Card (AMEX, VISA, MC):	
Credit Card #:	
Name on Card:	
Expiration Date (MM/YY):	

Check (Payable to Collision Publishing LLC)

*I certify all the above information is true, correct and complete to the best of my knowledge. I authorize Collision Publishing, LLC to verify the above information and charge my credit card (if paying by credit card).*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*