

# AMERICAN PAINTING CONTRACTOR

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Signature

(required) \_\_\_\_\_ Date \_\_\_\_\_

Name

\_\_\_\_\_

Job Title

\_\_\_\_\_

Company

\_\_\_\_\_

Address

\_\_\_\_\_

City/ State/ Zip Code

\_\_\_\_\_

Country

\_\_\_\_\_

Phone / Fax

\_\_\_\_\_ / \_\_\_\_\_

E-Mail

\_\_\_\_\_

**Please answer these brief questions:**

**1. Business:** (check one)

**Contractor**

- 41. Residential Painting/Wallcovering
- 42. Commercial/Institutional Painting/Wallcovering
- 43. Industrial Painting

**Other Related Industry Professionals**

- 48. Manufacturer/Supplier
- 99. Other (Specify) \_\_\_\_\_

**Contractors, what is your annual sales  
volume?** (Check one)

- 1. Under \$50,000
- 2. \$50,000 - \$99,999
- 3. \$100,000 - \$249,999
- 4. \$250,000 - \$999,999
- 5. Over \$1 million

**2. Which of the following products do you  
plan to buy?** (Check all that apply.)

- 1. Airless Paint Sprayer
- 2. HVLP Unit
- 3. Pressure Washer/Accessories
- 4. Ladders
- 5. Scaffolding
- 6. Wallcovering Pasting Machine
- 7. Respirators
- 8. Brushes/Rollers
- 9. None of the Above

**3. Job Title:** (check one)

- 1. Owner / President
- 2. Supervisor / Manager
- 3. Foreman
- 4. Estimator
- 5. Painter
- 9. Other (Specify) \_\_\_\_\_

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**Return by fax to: 570-320-2079**

**Or mail to:**

**American Painting Contractor  
P.O. Box 294, Williamsport, PA 17703**