



Subscription Form:

Fill out company information on the form below and return with your payment.

Check area and term for each area.

Area	3 Month	6 Month	12 Month
Kalamazoo	_____	_____	_____
Grand Rapids	_____	_____	_____
Lakeshore	_____	_____	_____

Company Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Signature: _____

Signer agrees that the Supplier's Source listings are for the use of the subscriber ONLY and are not to be provided to any non-subscriber.

**Mail payment and Subscription Form to:
Supplier's Source Inc.
P.O. Box 333
Kent City, MI 49330**

Subscription begins when payment is received.

Receipt of payment will be emailed as soon as it is received.

Renewal forms are sent out 1 month prior to end of subscription.

Start/End dates are the 1st of the month.

Supplier's Source, Inc., PO Box 333, Kent City, MI 49330
Phone: 616.438.8001 Fax: 888.235.6601