From: Logistics Information
Services- BFEA
Subscriptions Team
74 Washington Ave N
Battle Creek, MI 49037-3084

MOBILE MEDIA PRODUCTS SUBSCRIPTION REQUEST

STEP 1 Subscription Mailing Information

Attention: _____

Company / Organization 1: _____

Company / Organization 2: _____

Delivery Address:

PO Box: _____

Number and Street 1: _____

Number and Street 2: _____

Overseas Military:

Ship/Unit/CMR/PSC/Box: _____

City: _____

(or APO/FPO if overseas)

State: (AA,AE, AP if overseas) _____ **ZIP + 4:** (or postal zone) _____

International Postal Code: _____

Country: (if other than US) _____

STEP 2 Identify the Point of Contact

Point of Contact Name: _____

Commercial/Int'l Phone: _____

DSN Phone: _____

Extension: _____

Email Address: _____

Alternate Callback Contact: _____

Commercial/Int'l Phone: _____

DSN Phone: _____

Extension: _____

STEP 3 Identify the Financial Point of Contact (Payment Official)

Name: (Please Print) _____

Company/Address: _____

Phone: _____ Fax: _____ Email: _____

STEP 4 Product Order Information

Quantity	Product	Subscription Term	# Of Issues	Price

TOTAL:

STEP 5 Return this REQUEST

By Mail: To the mailing address listed above

By Email: Subscriptions@dla.mil

DO NOT SEND PAYMENT AT THIS TIME: Please wait for the subscription Universal Sales Order with the payment instructions.

SUBMIT FORM