

From: DEFENSE LOGISTICS AGENCY
J62 Information Operations- HBE
Subscriptions Team
74 Washington Ave N

Battle Creek, MI 49037-308	34		
MOBILE MED	DIA PRODUCTS SUBSCRIPTION	REQUEST	
STEP 1	Subscription Mailing Informa		
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 Conta	ct	
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 (Pa	ayment Official)	
Name: (Please Print)			
Company/Address:			
Phone:	Email:		
STEP 4	Product Order Information		
Quantity Product	Subscription Term	# Of Issues	Price
		TOTAL:	
		IOIAL.	

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.