



**Free Listing Form
Product Source Guide 2016**

Please provide us with your current listing information. This form **MUST** be signed before it is returned. This will ensure your **FREE** listing in the **PRODUCT SOURCE GUIDE 2016**.

ACT NOW!! This may be your last chance!! Please email, mail, or FAX forms by August 18th!

CURRENT INFORMATION

Company: _____
 Division: _____
 Address1: _____
 Address2: _____
 City: _____
 State: _____
 Zip: _____ Country: _____

Corporate Telephone: _____
 Fax: _____
 Toll Free: _____
 Email: _____
 Website Address: _____
 Mailing Contact: _____

CORPORATE INFORMATION: Please provide your company's name, address and phone(s) exactly as you wish it to appear in the **PRODUCT SOURCE GUIDE 2016**.
The mailing contact will be the person to receive this form for the next year's Product Source Guide.

Use additional sheet(s) to report information if there is not enough room. **PLEASE CLEARLY MARK THE APPROPRIATE RESPONSE.**

1) Please check your company's Primary Function Status.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Associations | <input type="checkbox"/> Retail Group |
| <input type="checkbox"/> Wholesaler/Distributor | <input type="checkbox"/> Sales Agent |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Service |

2) Please list your **GEOGRAPHICAL AREA SERVED**. Please use **US/Canada** mail code abbreviations.

IMPERATIVE: This form **MUST** be signed and returned, even if you have no changes.

YES! Please contact me for advertising in the Product Source Guide.

PLEASE RETURN IMMEDIATELY!

Name _____ Title _____ Date _____ Signature _____



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Email: FCWPSG@hearst.com

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3) Provide the name and title up to four (4) **KEY EXECUTIVES** in your company. (Names provided without titles will not be printed.) We will only list four.

	Exec1	Exec2	Exec3	Exec4
Name				
Title				
Phone				
Fax				

4) Please provide the full address and phone number of any **BRANCH OFFICES** you have. Please submit information **ALPHABETICALLY** by **STATE**. If you need more room, please use an additional sheet of paper.

	Country	State	City	Zip	Address1	Phone	Toll Free	Fax
1								
2								
3								
4								
5								

5) **Product Listing:** Please list any products your company supplies, including any appropriate trade/brand name(s). Please use the enclosed sheet of category codes to update your listing. If you need more room, please use a separate sheet of paper. Please follow the example format for your listings.

	Description	Line	Product ID
Example:	Accessories, Decorative	(fountain modules, murals, floor medallions)	0080
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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