



SUBSCRIPTION FORM

Name of Customer (business or individual): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #s: _____ Fax: _____
Email: _____

PREFERRED PAYMENT METHOD: CHECK CREDIT CARD: Visa Master Card American Express

Customer Billing Name: _____

Billing Address: _____

Bill My Card: 12 Issues for \$19 Third Class

12 Issues for \$37.00 First Class

Card Number: _____ Exp. Date: _____

Signature: _____

Mail this form with check to:

SouthWest Horse Trader

Attn: Subscription Dept

15551 West Gate,

Splendora, TX 77372-1865

OR

Email this form to:

advertise@swhorsetrader.com

15551 West Gate, Splendora, TX 77372

Phone: (713) 562-8846 Web: www.swhorsetrader.com