



Subscriber-Only Contact Sheet

DQOA Subscription Only - \$75 per year (January 1- December 31)

**1719 Lake Drive West
Chanhassen, MN 55317**

**Phone (952) 556-5511
Fax (952) 556-5522**

**visit us at
www.dqoa-dqoc.com**

_____ Date

Contact Information - (Please Print)

Name (Franchisee) _____ Cell* (____) _____
 Company Name _____ Home (____) _____
 Mailing Address _____ Work (____) _____
 City _____ State _____ Zip _____ Fax (____) _____
 Email Address _____

*Would you like to receive text messages with pertinent, time sensitive information? Yes / No (you may opt out at any time)

Store Information

#1 IDQ# _____ Store Type _____ Store Phone (____) _____
 Street Address _____ DMA# _____
 City _____ State _____ Zip _____

#2 IDQ# _____ Store Type _____ Store Phone (____) _____
 Street Address _____ DMA# _____
 City _____ State _____ Zip _____

#3 IDQ# _____ Store Type _____ Store Phone (____) _____
 Street Address _____ DMA# _____
 City _____ State _____ Zip _____

Please list additional stores on a separate sheet.

Franchisee _____ **Date** _____

Method of Payment: Check _____ Credit Card _____ Exp. Date _____ CVV _____ Billing Zip _____

Card Account# _____ Print name on card _____ Cardholder's Signature _____

DO NOT EMAIL YOUR CREDIT CARD INFO