

REQUIRED INFORMATION Please print clearly.		HOW TO CLAIM YOUR REBATE:		
NAME		BUY:	Atomic TBI Kit (PN 2900 or PN 2910) between June 1, 2015 and July 30, 2015.	
ADDRESS CITY STATE ZIP CODE		SEND:	 This completed form. A copy of your receipt with TBI Kit circled and dated between 06/01/15 and 07/30/15. 	
PHONE NUMBER		- MAIL TO:	 Originial UPC barcodes off packaging. MSD Rebate Dept #: MD15-1899 	
EMAIL ADDRESS	Used to communicate with you about the state of your rebate	-	PO Box 472 Scottsdale, AZ 85252-0472.	
ORDER NUMBER		RECEIVE:	A \$200 Reward Card	
What's your project? (Year, Make, Model)			med, get MSD news hot off the press:	
		Newsletters Press Releases Promotions		
		│ │ │ No, I'm	already getting enough email.	

TERMS AND CONDITIONS

Requests must be postmarked by August 15th 2015. Void where taxed, restricted or prohibited. PO boxes will not be paid. Allow six to eight weeks after mailing for delivery of your reward card. Limit one offer per envelope and one offer per name/household/address. MSD reserves the right to confirm identification. Fraudulent submissions could result in federal prosecution under US Mail fraud statutes (18 USC Sections 1341 and 1342). MSD reserves the right to substitute a check of equal value in lieu of a reward card at its discretion.

The American Express® Reward Card can be used at U.S. merchants that accept American Express® Cards. Subject to applicable law, a \$2.00 monthly service fee will be assessed against the card balance starting 7 months after Reward Card issuance. Funds do not expire. No ATM cash withdrawal. Some limitations apply, including restriction on use at cruise lines or for recurring billing. See Cardholder Agreement for complete details. Card cannot be redeemed for cash, except where required by law. This Card is issued pursuant to a loyalty, reward or other promotional program. Card is issued by American Express Prepaid Card Management Corporation.