



Fisher & Paykel

# Score More Savings Up to \$75 Installation

## Reimbursement Mail-In Rebate

With purchase of a qualifying

### Fisher & Paykel Dishdrawer and/or Range

from the list of models below at an eligible

Nationwide Marketing Group member/retailer between

**September 9, 2010 and September 26, 2010**

**Big George's Home Appliances**

2023 W. Stadium Blvd.  
Ann Arbor MI 48103  
#11820001

#### REBATE TERMS & CONDITIONS:

**1. TO APPLY FOR YOUR REBATE, COMPLETE ALL SECTIONS:** Mail this completed redemption form with a dated copy of your invoice/store purchase receipt to the address below.

**MAIL TO:**  
Score More Savings – F&P  
Dept # NMG0910019  
P.O. Box 421328  
Del Rio, TX 78842-1328

Invoice/store purchase receipt must show the following information if applicable: qualifying model(s), item(s) purchased, purchase price(s), purchase date, installation date and installation amount paid.

**Buy it now; Take it now, Consumer Mail-In Installation Reimbursement Rebate. Sorry, No Special Orders. Special Orders DO NOT Qualify! Prior Sales DO NOT Qualify!**

Items must be in stock for immediate delivery. Back orders and out of stock models do not qualify for rebates.

Consumer must purchase during eligible dates above and take delivery and possession of the merchandise by the postmark deadline. Late submissions void rebate offer.

**ENVELOPES MUST BE POSTMARKED BY OCTOBER 26, 2010.**

**INSTALLATION MUST BE COMPLETED BY OCTOBER 26, 2010**

Allow 12 weeks from the time we receive all required information for the delivery of your rebate check. **Rebate is valued at no more than \$75.**

**STORE PURCHASE RECEIPT NAME AND ADDRESS MUST MATCH REBATE FORM. INCLUDE A COPY OF THE STORE PURCHASE RECEIPT SHOWING THE AMOUNT PAID AND MODEL(S) PURCHASED.**

Please check here if you do not want to receive communications other than information concerning your rebate via e-mail.

#### 2. MUST BE COMPLETED BY CONSUMER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Installation Date: \_\_\_\_\_ Installation Fee: \_\_\_\_\_

#### 3. PLEASE MARK THE APPROPRIATE BOX BELOW:

- I purchased the eligible model(s) online.
- I purchased the eligible model(s) at a retail store location.

**4. PLEASE LIST THE REQUIRED INFORMATION:** model number(s), serial number(s) and purchase price(s) of the eligible item(s) purchased in the boxes below. **Missing or incomplete information or late submission voids rebate offer. The written terms of this redemption form and consumer offer cannot be altered with any verbal agreements.**

**INFORMATION MUST BE COMPLETED TO QUALIFY.**

ITEM	MODEL NUMBER	SERIAL NUMBER	PURCHASE PRICE
Dishdrawer			\$
Range			\$

#### 5. PLEASE CIRCLE BELOW THE MODEL(S) PURCHASED TO QUALIFY: MODEL(S) MUST BE CIRCLED TO QUALIFY.

##### Dishdrawers

DD24DCW6	DD24DCTB6
DD24DCB6	DD24DTI6
DD24DI6	DD24DHTI6
DD24DCX6	DD24DCTX6
DD24DDFX6	DD24DCHTX6
DD24DCTW6	DD24DDFTX6

##### Ranges

OR48DDPWGX1  
OR36SDBGX1  
OR36LDBGX1  
OR24SDMBGX1  
OR24SDPWSX1  
OR24SDPWGX1

#### 6. PLEASE SIGN BELOW TO QUALIFY FOR INSTALLATION REIMBURSEMENT REBATE. MUST BE COMPLETED, SIGNED AND SUBMITTED BY CONSUMER.

I purchased the eligible model number(s) that I have circled in box #5. I have paid a separate fee for installation and received installation. I am in possession of the specified model number(s) and serial number(s) that I listed in box #4. My purchase is eligible for this installation reimbursement rebate.

**My signature below confirms that I paid the installation fee and I am requesting my reimbursement.**

**Consumer Signature:** \_\_\_\_\_

**LEGAL TERMS & CONDITIONS:** This offer is limited to one rebate per household. Multiple sales to apartments, condominiums, subdivisions, wholesale sales, etc. do not qualify. Void where prohibited, taxed, or restricted by law. Prior Sales Do Not Qualify! Please complete all fields requesting information. The consumer is solely responsible for lost, damaged or misdirected mail. Unless expressly prohibited by law, payee authorizes reasonable dormancy fees deducted if check not cashed within 180 days. If you do not receive your rebate after 12 weeks, please visit [www.cmspromocheck.com](http://www.cmspromocheck.com) or call (866) 973-2970 Monday through Friday 8:30 a.m. – 5 p.m. EST. **The written terms of this redemption form and consumer offer cannot be altered with any verbal agreements. Missing, incomplete or incorrect information will delay processing and will void rebate offer, unless expressly prohibited by law. Retain a copy of all documents for your records.**