OTH Mail In Rebate Form

Only One Form Per Mail In Rebate

(Pick One) ☐ OTH Customer - - - or - - - ☐ OTH Member	Customer/Member ID#

	First	Middle	Last
Name:			

	Street # & Name/PO Box, APT# & Building#/Suit#, City/Town, State, Zip code, Country, County
Shipping Address:	

	Street # & Name/PO Box, APT# & Building#/Suit#, City/Town, State, Zip code, Country, County
Billing Address:	

Email:	@	Phone # (__ __ __) __ __ __ - __ __ __ __

Date Mail In Rebate Form Received / /	Mail In Rebate #	Amount of Mail In Rebate $.

Mail In Rebate Type:	

List of Product for the Mail in Rebate(s) – **(Only if Products are involved with the Mail In Rebate)**

Item #	Description	Price Eh$	QTY	Total $
		Total =		
		S&H =		
		Sales Tax =		
		Final Total =		

Please Attach The Mail In Rebate Receipt Here In This Box.

Comments:

Signature:	Today's Date / /

Office Use Only:

□ Yes –or- □ No // Did Over the Horizons Receive and completely filled out Mail In Rebate Form.

Date Received Form; __ __ / __ __ / __ __ __ __

If not Complete; Why: _____

_____

□ Yes –or- □ No // Is the Mail In Rebate attached to the form.

□ Yes –or- □ No // Does the Mail In Rebate Match the Product Listed.

If No; Why: _____

_____

Mail In Rebate Type: _____

□ OTH Product Mail In Rebate –or- □ Other Product Mail In Rebate

□ Yes –or- □ No // Customer Name, ID #, Address, Phone & Email Correct on the form

-Or-

□ Yes –or- □ No // Member Name, ID #, Address, Phone & Email Correct on the form

If not Correct; Why: _____

_____

□ Yes –or- □ No // OH Sales Members SV & QV Adjusted; Adjusted SV (-/+): _____

Adjusted QV (-/+): _____

□ Yes –or- □ No // Approved for a Mail In Rebate.

Approved Amount: $ _____ . ____ // Date Refund Approved: __ __ / __ __ / __ __ __ __

If Not Approved; Why: _____

_____

Estimated Date For Mail In Rebate: __ __ / __ __ / __ __ __ __

OH Rep ID#: __ __ __ __ __ __ __ __ __ __ __   OH Rep Signature: _____   Date: __ __ / __ __ / __ __ __ __

Form #: MIRV1Y18ENG