



Over The Horizons

MORE THAN JUST HOME DECOR

OTH Product Mail In Rebate Form

Only One Form Per Mail In Rebate

(Pick One) <input type="checkbox"/> OTH Customer - - - - or - - - - <input type="checkbox"/> OTH Member		Customer/Member ID#
First	Middle	Last
Name:		
Shipping Address: Street # & Name/PO Box, APT# & Building#/Suit#, City/Town, State, Zip code, Country, County		
Billing Address: Street # & Name/PO Box, APT# & Building#/Suit#, City/Town, State, Zip code, Country, County		
Email: _____ @ _____		Phone # (____) _____ - _____
Date Mail In Rebate Form Received / /	Mail In Rebate #	Amount of Mail In Rebate \$.

List of Product for the Mail in Rebate(s)

<u>Item #</u>	<u>Description</u>	<u>Price Eh\$</u>	<u>QTY</u>	<u>Total \$</u>

Total =	
S&H =	
Sales Tax =	
Final Total =	

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

Comments:

Signature:	Today's Date / /
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Only One Form Per Mail In Rebate

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: _____

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 #: MIRPV1Y118ENG