



Over The Horizons

MORE THAN JUST HOME DECOR

OTH Shipping Label 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#	
Name: First Middle Last			
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 Shipping Label/Stamp Purchase / /	Time Shipping Label/Stamp Purchased : am or pm	Total Amount of Shipping Label/Stamp \$.	
Shipping Provider Type: (Circle One)	USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> DHL <input type="checkbox"/> Other: _____		
Shipping Provider Address:			
Shipping Provider Website: www.			
Shipping Provider Email: _____ @ _____			
Shipping Provider Phone #:	(____) _____ - _____	Shipping Provider Alt #:	(____) _____ - _____
Shipping Provider Fax #:	(____) _____ - _____	Shipping Label/Stamp Tracking ID#:	

Please Attach The Shipping Label/Stamp Receipt Here In This Box.

Comments:	
Signature:	Today's Date / /

Only One Form Per Mail In Rebate

Over The Horizons C/O Cust Accounting & Account Receivable Dept
PO Box 579 Neosho, MO. 64850

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/Shipping Label/Stamps Receipts attached to the form.

Yes -or- No // Does the Mail In Rebate Form Match the Shipping Label/Stamps Receipts attached to the form.

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 // 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 #: MIROV1Y18ENG