# Renfert USA Fall Promo 2019

making work easy

## Gift Card Redemption Form

(Please Print)

Lab Name_____

Address_____Suite_____

City_____ St_____ Zip_____

Phone _____ Fax _____

E-mail_____

Lab Owner's Name (print) _____

Offer may not be combined with any other sale, promotion, coupon and/or offer. Offer valid for US ONLY. Please accumulate all invoices within the promotional period (09/02/2019- 11/30/2019). Submit completed redemption form, invoice copies and invoice work sheet below as **one total package**. Only one redemption package allowed per lab/customer. All gift cards will only be shipped at the end of the promotional period. Please allow 4 to 6 weeks for delivery.

**Completed forms must be emailed between 12/01/2019 – 12/16/2019 to receive your gift card.**

**Please submit via email with subject: Fall Promo 2019 to promos@renfertusa.com**. Invoices must be dated between 09/02/2019-11/30/2019. All submission forms must be received no later than 12/16/2019. Excludes sales tax and freight charges. Offer void where prohibited, taxed or restricted by Federal, State, Provincial or local law. Any submission with invalid or undeliverable address will be rejected. Renfert USA, Inc. and its dealers are not responsible for submitting/mailing invoices and/or product redemption forms. Incomplete form requests will not be validated. Please make a copy of all materials submitted for your records. Handwritten invoices, invoice display screens or sales history screens will not be accepted as proof of purchase. Renfert USA, Inc. cannot deliver to PO boxes. Renfert USA, Inc. reserves the right to deny any claim for any reason. Offer good while supplies lasts. Submission of this claim form means the end-user named on the claim agrees to all rules set forth in this promotion.

The undersigned individual signing this agreement on behalf of customer acknowledges that he/she has read and understands the terms and conditions of this promotion and that he/she has the authority to sign on behalf of the customer.

Signature _____ Date _____

Renfert USA Inc.
3718 Illinois Ave
St. Charles, IL 60174

Phone: 630-762-1803
Fax : 630-485-4237
www.renfert.com

# Invoice work sheet

| Invoice# | Dealer | Total Invoice Value (Renfert product only) |
|---|---|---|
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Total 0

Please make sure to only include Renfert products. If you need product verification please contact your dealer. Renfert USA Inc reserves the right to deny any and all non Renfert product claims submitted in totals. Final totals may vary in accordance to verification of dealer invoices. Excludes taxes and shipping charges. Dealer and/or Renfert product numbers and Renfert product descriptions must be clearly marked on the invoice (circle each line).

Renfert USA Inc. and its distributors would like to thank you for your continued support. Celebrating over 90 years in the industry, the Renfert name has long stood for quality and reliability with our full range of dental products. It is our mission to continue to develop new and innovative products and continue to follow our motto:
**Renfert, making work easy.**

Please make additional copies of this form if needed.