



**Focus on Savings
Up to \$100 Installation
Reimbursement Mail-In Rebate**
with the purchase of
**Any Electrolux or Electrolux Icon
Refrigerator, Free-Standing Range
or Slide-In Range**

Warners' Stellian
550 Atwater Circle
St. Paul MN 55103
#17800001



from the list of models below
at an eligible **Nationwide Marketing Group**
member/retailer between
March 1, 2011 and March 31, 2011

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:
Focus on Savings - Electrolux
Dept # NMG0311001
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 amount paid for installation.

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 May 1, 2011

INSTALLATION MUST BE COMPLETED BY May 1, 2011

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 \$100.**

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 to receive emails about new products, upcoming rebates, special promotions and sales events.

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
			\$

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

French Door Refrigeration	Non Dispenser French Door	Standard Depth & CD SxS	Ranges
EI28BS56IW EI28BS56IB EI28BS56IS EW28BS71IS EI23BC56IW EI23BC56IB EI23BC56IS EW23BC71IS EI27BS26JW EI27BS26JB EI27BS26JS EW28BS71IW EW28BS71IB EW23BC71IW EW23BC71IB EI28BS51IW EI28BS51IB EI23BC51IW EI23BC51IB	EI28BS36IW EI28BS36IB EI28BS36IS EI23BC36IW EI23BC36IB EI23BC36IS EI28BS51IS EI23BC51IS EI27BS16JW EI27BS16JB EI27BS16JS EW26SS70IW EW26SS70IB EW23SS65HW EW23SS65HB EW23SS65HS	EI26SS55GW EI26SS55GB EI26SS55GS EW26SS70IS EI23CS55GW EI23CS55GB EI23CS55GS EW23CS70IS EW23CS70IW EW23CS70IB EI26SS30JW EI26SS30JB EI26SS30JS EI26SS30KW EI26SS30KB EI26SS30KS E23CS78HSS E23BC78IPS E23BC68JPS E23CS78HPS	EW30ES65GW EW30ES65GS EW30IS65JS EW30GS65GW EW30GS65GB EW30GS65GS EW30DS65GW EW30DS65GB EW30DS65GS EI30ES55JS EI30GS55JS EI30DS55JS EI30EF55GS EW30EF65GS EW30IF60IS EI30GF55GS EW30GF65GS EW30DF65GS

Free Standing Ranges	French Door BM	All Refrigerator	All Freezer
E30GF74HPS E36GF76JPS E36GF76HPS E30DF74GPS E36DF76GPS E48DF76EPS	E23BC78ISS E23BC68JSS	EI32AR65JS	EI32AF65JS

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, I am in possession of my merchandise as of _____ and I am requesting my installation fee reimbursement.**

CONSUMER SIGNATURE: _____

DATE

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 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. Sales to individual consumers only. Sorry, No Dealers or Resellers eligible for the above offers.**