



You Deserve The Best!

Up to \$100 Installation

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



Reimbursement Mail-In Rebate

With purchase of any qualifying

Electrolux Brand Free Standing Refrigerator with Ice and/or Water Dispenser, Free Standing Range or Slide-In Range

from the list of models below at an eligible

Nationwide Marketing Group member/retailer between

October 7, 2010 and October 31, 2010

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:

You Deserve The Best! - Electrolux
Dept # NMG1010004
P.O. Box 421328
Del Rio, TX 78842-1328

Invoice/store purchase receipt must show the following information if applicable: qualifying model, item purchased, purchase price, purchase date, installation date and installation amount paid.

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 NOVEMBER 30, 2010.

DELIVERY MUST BE COMPLETED BY NOVEMBER 30, 2010

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 if you do not want to receive communications other than information concerning your rebate via e-mail.

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 online.
 I purchased the eligible model at a retail store location.

4. PLEASE LIST THE REQUIRED INFORMATION: model number, serial number and purchase price of the eligible item 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 PURCHASED TO QUALIFY: MODEL MUST BE CIRCLED TO QUALIFY.

Range	EW30GS65GB	Refrigerators	EI27BS26JB	EI23BC51IW
E30DF74GPS	EW30GS65GS	E23BC78IPS	EI27BS26JS	EI23BC51IB
E30GF74HPS	EW30DS65GW	E23BC78ISS	EI23BC56IW	EI23BC51IS
E36DF76GPS	EW30DS65GB	E23CS78HPS	EI23BC56IB	EI26SS55GW
E36GF76HPS	EW30DS65GS	E23CS78HSS	EI23BC56IS	EI26SS55GB
E48DF76EPS	EI30ES55JS	E42BS75EPS	EW23BC71IW	EI26SS55GS
E30DF74GPS	EI30GS55JS	E42BS75ETT	EW23BC71IB	EW26SS70IW
E30GF74HPS	EI30DS55JS	E23BC78IPS	EW23BC71IS	EW26SS70IB
E36DF76GPS	EI30EF55GS	E23BC68JPS	EI28BS36IW	EW26SS70IS
E36GF76JPS	EW30EF65GS	E23CS78HPS	EI28BS36IB	EI23CS55GW
E36GF76HPS	EW30IF60IS	E23BC78ISS	EI28BS36IS	EI23CS55GB
E48DF76EPS	EI30GF55GS	E23BC68JSS	EI27BS16JW	EI23CS55GS
EW30ES65GW	EW30GF65GS	E23CS78HSS	EI27BS16JB	EW23SS65HW
EW30ES65GB	EW30DF65GS	EI28BS56IW	EI27BS16JS	EW23SS65HB
EW30ES65GS	EW3LGF65GS	EI28BS56IB	EI23BC36IW	EW23SS65HS
EW30IS65JS	EW3LDF65GS	EI28BS56IS	EI23BC36IB	EW23CS70IW
EW30GS65GW		EW28BS71IW	EI23BC36IS	EW23CS70IB
		EW28BS71IB	EI28BS51IW	EW23CS70IS
		EW28BS71IS	EI28BS51IB	EI26SS30KW
		EI27BS26JW	EI28BS51IS	EI26SS30KB
				EI26SS30KS

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 and I am requesting my reimbursement.

Consumer Signature: _____

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.**