



Salute to Savings
Up to \$75 Installation
Reimbursement Mail-In Rebate

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

With purchase of a qualifying
Fisher & Paykel Dishdrawer and/or Range

from the list of models below at an eligible
Nationwide Marketing Group between
September 1, 2010 and September 6, 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:
Salute to Savings – F&P
Dept # NMG0910006
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 fee.

Buy it now; Take it now, Consumer Mail-In Installation Reimbursement Rebate. Sorry, No Special Orders. Special Orders DO NOT Qualify!

ENVELOPES MUST BE POSTMARKED BY OCTOBER 6, 2010

INSTALLATION MUST BE COMPLETED BY OCTOBER 6, 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 \$75.**

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. TO BE COMPLETED BY CONSUMER:

Name: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: (_____) _____
 E-mail Address: _____
 Purchase Date: _____
 Install Date: _____ Install 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.

6. PLEASE SIGN BELOW TO QUALIFY FOR DELIVERY 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 delivery and received delivery. 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 delivery reimbursement rebate.

My signature below confirms that I paid the delivery 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. Missing, incomplete, or incorrect information may delay processing and may void offer. 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.

Retain a copy for your records.

4. Please list the model number(s), serial number(s) and purchase price(s) of the eligible item(s) purchased in the boxes below: MUST BE COMPLETED TO QUALIFY.

ITEM	MODEL NUMBER	SERIAL NUMBER	PURCHASE PRICE
Dishdrawer			\$
Range			\$

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

Qualifying Dishdrawers

- | | |
|-----------|------------|
| DD24DCW6 | DD24DCTB6 |
| DD24DCB6 | DD24DTI6 |
| DD24DI6 | DD24DHTI6 |
| DD24DCX6 | DD24DCTX6 |
| DD24DDFX6 | DD24DCHTX6 |
| DD24DCTW6 | DD24DDFTX6 |

Qualifying Ranges

- OR48DDPWGX1
- OR36SDBGX1
- OR36LDBGX1
- OR24SDMBGX1
- OR24SDPWSX1
- OR24SDPWGX1

