

Simoniz Double Bond Rebate Form

Please fill out the form and mail to the address below, and include the copy of the receipt from Jax.

Please read rules and terms:

- Simoniz liability is limited to \$2.00 per application.
- The duplicate dated copy of the receipt verifying proof of purchase of SIMONIZ DOUBLE BOND must accompany the payment claim request.
- Only one claim at a time is allowed and no more than two claims per month.
- At it's sole discretion SIMONIZ may terminate this rebate program and make the decision not to pay the claim.
- Claims must be postmarked no sooner than 5 days and within 35 days of application or your rebate is void.
- Limit 2 submissions per month per customer.

Payment Claim Request (must be complete). You may type into the below fields, then print. Or, print then write in the fields.

Customer Name: _____

Address: _____

City: _____

State: _____

Date of Purchase: _____

Please allow 6 weeks for rebate to be processed.

Mail request to: Simoniz Double Bond Rebate

PO Box 6142, Douglas, AZ 85655-6142

DO NOT postmark before the 5th day or they will deny your rebate!

