

REOPEN SUCCESSFULLY with Lysol*



End-User Facility Rebate Offer

EARN UP TO

per end-user facility

On case rebates from February 22, 2021 through March 31, 2021

\$5 rebate per case Minimum \$20 redemption



LYSOL® DISINFECTING WIPES RB Item # Case / Pack Size **# OF CASES** REBATE CALCULATOR Lemon & Lime Blossom® Flatpack 80 ct./6 TOTAL # OF CASES X \$5.00

REBATE INSTRUCTIONS

- Purchase any full case(s) of the products as
- detailed in the promotion. Complete rebate form (original or photocopy) and mail with proof-of-purchase. Only copies of distributor invoices are acceptable proof-of-purchase. This rebate certificate may not be purchased, traded or sold. Any
- other use constitutes fraud.
 Proof-of-purchase must be dated between 02/22/2021 and 03/31/2021.
 Offer request must be postmarked by
- 04/30/2021.
 Distributor and End-User information must
- be provided for rebate to be processed. For eligibility questions call 1-800-560-6619.
- One rebate per customer, address, or organization.
- Total minimum rebate per location \$20
- Total maximum rebate per location \$500. Upon receipt, RB will mail your rebate check directly TO YOU. The check can be made payable either directly to you (the End-User Company), or to your Distributor as specified on this rebate form for you to

- purchase buckets, mops, caution signs, or whatever your business needs from the Distributor. Please indicate by check mark which form of payment you prefer. Allow 6-8 weeks for delivery. Do not deduct rebate
- PLEASE MAKE CHECK PAYABLE TO E-U
 COMPANY NAME
 PLEASE MAKE CHECK PAYABLE TO
- PLEASE MAKE CHECK PAYABLE TO DISTRIBUTOR NAME MAIL FORM & PROOF-OF-SALE TO: RB FLATPACK END-USER OFFER P.O. Box 2427, Appleton, WI 54912 OR EMAIL FORM & PROOF-OF-SALE TO RECKITTSALES@TMSSINC.COM OFFER EXCLUDES: Payment on cases purchased for resale purchased for resale.

 OFFER LIMITED TO: Merchandise purchased by institution and commercial business customers in the United States only and is not valid in conjunction with any other RB rebate offer. Not valid where end-user facility or their parent organization has a corporate contract, bid, or partnership program with RB.

☐ To receive these quarterly promotions electronically check here

DISTRIBUTOR INFORMATION (Required) Distributor Sales Rep Name_ Distributor Company Name _ Address State____zip __ City_ Phone_ E-mail **END-USER MAILING INFORMATION (Required)** End-User Company Name _ Type of Business _ Contact Name Street Address City_ State zip Phone_ E-mail