

# Help Protect with the #1 Trusted Disinfection Brand\*

Whether your business is preparing for back to school, supporting summer travel, or supporting return to work hygiene, leverage our portfolio of products to clean, disinfect, and deodorize your facility with confidence.



DESCRIPTION	UNIT/CASE	RECKITT ITEM #	# OF CASES	REBATE PER CASE	REBATE CALCULATOR
<b>Lysol® Brand Disinfecting Wipes</b>					
80 ct. Flatpack - Lemon & Lime Blossom®	6	19200-99716			
15 ct. To Go - Lemon & Lime Blossom®	48	19200-99717			
80 ct. Canister - Lemon & Lime Blossom®	6	19200-77182			
80 ct. Canister - Crisp Linen®	6	19200-89346			
<b>Professional Lysol® Brand III Disinfectant Spray</b>					
19 oz. Fresh Scent	12	36241-04675			
19 oz. Original Scent	12	36241-04650			
19 oz. Crisp Linen	12	36241-74828			
<b>Lysol® Disinfectant Spray - NeutraAir® 2 in 1</b>					
10 oz. Driftwood Waters	6	19200-98287			
10 oz. Tropical Breeze	6	19200-98289			
<b>Lysol® Disinfectant Cleaning Products</b>					
32 oz. Professional Lysol® Advanced Deep Clean All Purpose Cleaner	12	19200-00351			
32 oz. Lysol® Bathroom Cleaner Mold & Mildew Remover with Bleach	12	19200-78915			
24 oz. Professional Lysol® Foam Cleaner for Multiple Surfaces	12	36241-02775			
144 oz. Lysol® All Purpose Cleaner - Lemon Breeze®	4	36241-77617			
32 oz. Professional Lysol® Disinfectant Toilet Bowl Cleaner	12	36241-74278			

TOTAL REBATE

## REBATE SIGN-UP DETAILS

### HOW TO GET YOUR REBATE:

- PURCHASE** full cases of eligible products as noted above between **July 1 and September 30, 2022**. End-user rebates may be awarded to the Distributor. Please indicate by checkmark which form of payment you prefer.  
 MAKE CHECK PAYABLE TO END USE COMPANY NAME  
 MAKE CHECK PAYABLE TO DISTRIBUTOR COMPANY NAME
- SCAN** completed Rebate Request Form and Proof-of-Sale\*\* and **EMAIL RECKITTSALES@TMSINC.COM** OR mail original request form, and Proof-of-Sale\*\* emailed or postmarked by 10/31/2022 to: RECKITT END USER Q3-2022 REBATE P.O. Box 2427 Appleton, WI 54912
- GET** your rebate check in the mail. Please allow 6 – 8 weeks for delivery.  
**\*\* Proof-of-Sale requirements:** All POS's must be system generated documents, such as an invoice, and have the following printed on the document(s): Company Purchased By; Company Purchased From; Purchase Date (including the year); and Listing of products with: Brand name, Description and Size/Case Count. Eligible items must be circled or highlighted. Multiple invoices are eligible. Limit one rebate offer submission per end-use location.

- Offer Details:**
- Proof-of-Sale\*\* must be dated between 07/01/2022 and 09/30/2022.
  - Maximum combined rebate of 14 item numbers is \$1,000. (Maximum rebate per item number is \$200).
  - Proof-of-Sale\*\* must show shipment during the promotion period and include Reckitt product numbers.
  - Rebate request must be postmarked by 10/31/2022 or it will not be accepted.
  - Upon receipt and approval of rebate request, Reckitt will mail the rebate check directly to you. Do NOT deduct rebate from ANY Invoice(s).
  - Reckitt is not responsible for lost or damaged submissions.
  - Offer good only in the United States, including Alaska and Hawaii.
  - Offer may not be used in conjunction with any other Reckitt promotion, program or contract pricing. Rebate applies to only cases sold to the commercial end user. Sales to or through consumer retail, business to business retail or internet channels are not eligible. For eligibility questions, call 1-800-560-6619. Excludes cases sold through bid program or other Reckitt end-user programs.
  - This rebate certificate may not be purchased, traded or sold. Any other use constitutes fraud.

To receive these quarterly promotions electronically check here

### DISTRIBUTOR INFORMATION (Required)

Distributor Sales Rep Name (Payee) \_\_\_\_\_  
 Distributor Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### END-USER MAILING INFORMATION (Required)

End-User Company Name \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_