

# **END USER REBATE OFFER**

October 1 - December 31, 2021

End-Use Facility

EARN UP TO

\$ 5,000

per end use facility



### **Protection Starts With Disinfection.**

Prepare for Cold & Flu season with Lysol® Cleaning and Disinfecting Products.

Earn \$3/case up to \$3,000\* on Cold & Flu Season eligible Lysol® products.

Please complete the following information. Incomplete information may cause delays in payment or ineligibility.

DESCRIPTION	UNIT/CASE	ITEM #	# OF CASES	REBATE PER CASE	REBATE CALCULATOR
Lysol® Disinfecting Wipes Flatpack - Lemon & Lime Blossom	80ct. / 6	19200-99716		\$3.00	
Lysol® Disinfecting Wipes Canister - Lemon & Lime Blossom	80ct. / 6	19200-77182		\$3.00	
Lysol® Disinfecting Wipes To-Go Pack - Lemon & Lime Blossom	15ct. / 48	19200-99717		\$3.00	
Lysol® Professional Disinfectant Spray - Crisp Linen	19oz. / 12	36241-74828		\$3.00	
Lysol® Disinfectant Spray – Crisp Linen Scent	19oz. / 12	19200-79329		\$3.00	
Lysol® Disinfectant Spray – Crisp Linen Scent	12.5oz. / 12	19200-74186		\$3.00	
Lysol® Advanced Deep Clean All-Purpose Cleaner - Lemon Breeze	32oz. / 12	19200-00351		\$3.00	
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### **REBATE SIGN-UP DETAILS**

### **HOW TO GET YOUR REBATE:**

- PURCHASE full case(s) of the eligible COLD & FLU products as noted above between October 1 and December 31, 2021.
- Total purchase of COLD & FLU products must qualify for a minimum total rebate of \$30 to be eligible for this offer.
- The rebate can be mailed to you or the distributor. Please indicate by check mark 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@TMSSINC.COM OR mail original request form, and Proof of Sale\* emailed or postmarked by 01/31/2022 to: RECKITT END USER COLD & FLU REBATE P.O. Boy 24/27
- P.O. Box 2427 Appleton, WI 54912
- 3. 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

#### Offer Details:

- Proof-of-sale must be dated between 10/1/2021 and 12/31/2021
- Minimum rebate \$30. Maximum \$3,000 per end use location.
- Iocation.
   Proof of sale(s) must show shipment during the promotion period and include Reckitt product
- numbers.
   Rebate request must be postmarked by 01/31/2022 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. OFFER EXCLUDES: Payment on cases 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 Reckitt rebate offer. Not valid where end-user facility or their parent organization has a corporate contract, bid, or partnership program with Reckitt. For eligibility questions, call 1-800-560-6619. Intended for End-user facility consumption. Not valid for retail resale.
- This rebate certificate may not be purchased, traded or sold. Any other use constitutes fraud.

# To receive these quarterly promotions electronically check here $\Box$ DISTRIBUTOR INFORMATION (Required) Distributor Sales Rep Name: \_ Distributor Company Name: \_\_\_\_\_ Address:\_ State:\_\_\_\_\_ Zip:\_\_\_ City:\_ Phone:. **END USER INFORMATION (Required)** End-Use Business Name (Payee): \_ Type of Business: \_ Contact Name: \_\_\_ Address:\_ \_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_ City:\_ Contact Signature: \_\_\_ Date:

