

REQUIRED INFORMATION Please print clearly.	HOW TO CLAIM YOUR REBATE:
NAME	BUY: Atomic TBI Kit (PN 2900 or PN 2910) between June 1, 2015 and July 30, 2015.
ADDRESS CITY STATE ZIP CODE	SEND: 1. This completed form. 2. A copy of your receipt with TBI Kit circled and dated between 06/01/15 and 07/30/15. 3. Originial UPC barcodes off packaging.
PHONE NUMBER EMAIL ADDRESS Used to communicate with you about the state of your	MAIL TO: MSD Rebate Dept #: MD15-1899 PO Box 472 Scottsdale, AZ 85252-0472.
ORDER NUMBER	RECEIVE: A \$200 Reward Card
What's your project? (Year, Make, Model)	Stay informed, get MSD news hot off the press: Yes, sign me up! Newsletters Press Releases Promotions
	No, I'm already getting enough email.

TERMS AND CONDITIONS

Requests must be postmarked by August 15th 2015. Void where taxed, restricted or prohibited. PO boxes will not be paid. Allow six to eight weeks after mailing for delivery of your reward card. Limit one offer per envelope and one offer per name/household/address. MSD reserves the right to confirm identification. Fraudulent submissions could result in federal prosecution under US Mail fraud statutes (18 USC Sections 1341 and 1342). MSD reserves the right to substitute a check of equal value in lieu of a reward card at its discretion.

The American Express® Reward Card can be used at U.S. merchants that accept American Express® Cards. Subject to applicable law, a \$2.00 monthly service fee will be assessed against the card balance starting 7 months after Reward Card issuance. Funds do not expire. No ATM cash withdrawal. Some limitations apply, including restriction on use at cruise lines or for recurring billing. See Cardholder Agreement for complete details. Card cannot be redeemed for cash, except where required by law. This Card is issued pursuant to a loyalty, reward or other promotional program. Card is issued by American Express Prepaid Card Management Corporation.