



Trash to Cash End Tab Program

REDEMPTION FORM

PLEASE PRINT OR TYPE

(All Information Must Be Complete In Order to Process End Tabs)

END TAB ID# _____

DATE: _____

Shop Name: _____

Owner/Technician: _____

Address _____

(No Post Office Boxes)

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

WD Name: _____

Parts Store Name: _____

Box _____ of _____ total number of boxes being shipped

**BE SURE TO ENCLOSE ONE OF THESE FORMS
IN EACH BOX OF END TABS BEING SHIPPED TO
ENSURE THE POINTS ARE CREDITED TO YOUR
ACCOUNT.**

***BOXES RECEIVED WITHOUT THIS FORM WILL
NOT BE PROCESSED***