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## Information & Assignment Forms

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**RebateRemedy**  
PO BOX 8685  
Delray Beach, FL 33482

[www.rebateremedy.com](http://www.rebateremedy.com) • [support@rebateremedy.com](mailto:support@rebateremedy.com) • 800-305-0205



Please note that no rebate will be paid unless all required material from manufacturer is presented along with a signed copy of our consent form.

- **Obtain a copy of the rebate (we will require a copy).**
- **Fill out all necessary forms that the manufacturer is requesting.**

Most often, you will need the original receipt filled out with your mailing address, phone number, and the original upc or barcode from your products box. If you need help finding this please visit our FAQ page to learn more about locating the upc or barcode.
- **Print and fill out a copy of our Information & Assignment Forms.**

This form is only recognized for this transaction. This allows us a legal way to collect the money from the manufacturer.
- **Mail a copy of the rebate, the original materials required by the manufacturer, plus our Information & Assignment Forms to us.**
- Receive your money in days!

**WE MUST HAVE THE FOLLOWING ITEMS IN ORDER TO PROCESS YOUR REBATE:**

- **A COPY OF THE REBATE**
- **THE REQUESTED MATERIALS**
- **THE INFORMATION & ASSIGNMENT FORMS**



## Customer Information

Please fill out the information sheet below.

\_\_\_\_\_  
First Last Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

I would prefer my rebate payment by:

Check     Paypal    Paypal Account # \_\_\_\_\_



## Assignment Form

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned does hereby assign, transfer, and convey all the right title and interest in and to certain rebate identified as "The rebate attached" to REBATE REMEDY, Inc.

The undersigned agrees that upon his receipt of the consideration herein he/she shall have no further claim to any of the benefits of said rebate and the benefits shall be the sole and separate property of REBATE REMEDY, Inc.

The undersigned does hereby enter into this transaction freely, and voluntarily understanding the benefits that he/she is conveying to REBATE REMEDY, Inc. The undersigned has been urged to seek the advice of an attorney prior to entering into this transaction.

The undersigned does hereby state that he/she is the sole owner of the rebate, and that it has not been previously transferred or submitted for payment to any other party and the signature on the form is authentic and genuine. In order to insure REBATE REMEDY, Inc. against fraud or misrepresentation the undersigned shall indemnify REBATE REMEDY, Inc. from any claim, cause of action or demand from any third party arising out of or relating to the authenticity of the signature below.

\_\_\_\_\_  
Print Name (Assigner)

\_\_\_\_\_  
Signature (Assigner)

\_\_\_\_\_  
Date

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### SECTION BELOW FOR REBATE REMEDY ONLY

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\_\_\_\_\_  
Accepted by REBATE REMEDY, Inc.

\_\_\_\_\_  
Date