

\$50 Cash Rebate Form

CUSTOMER NAME: \_\_\_\_\_

CUSTOMER ADDRESS: \_\_\_\_\_

PRODUCT PURCHASED: \_\_\_\_\_

DATE PURCHASED : \_\_\_\_\_ DEALER: \_\_\_\_\_

MAIL OR FAX FORM TO:

NGAEDA FAX: 773-3419

620 4TH. Ave. N.W.

SWIFT CURRENT S9H 0V8