



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

Ship End Tabs to:
Argo & Associates
David Industrial Center
5792 Ferguson Road
Bartlett, TN 38134