

dermaglove® Rebate Form

*First Name _____

*Last Name _____

Name and/or Company Name is required to receive rebate check

*Address _____

Apt./Suite Number _____

Sorry, no PO boxes will be accepted.

*City _____

*State _____

*Zip _____

Daytime Phone _____

Email address _____

Your phone number will be used only if we require additional information

Please let us know what your purchase was for: Corporation Small Business Personal

I certify by my signature that the information I have included on this rebate form is accurate and that my submission materials are complete and in compliance with the rebate form's instructions.

*Required Signature _____

*Date _____