

Claim Form

Counter Cash Rewards Program

NOTE: Claim must be submitted within 30 days of sale or it will be considered ineligible. All claims must be submitted by June 15, 2008.

Designer Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ E-mail: _____

Social Security Number (for tax purposes only): _____ Branch Manager Approval: _____

**U.S. residents will receive a 1099 for the full value of rewards earned in 2008.*

Specialty Retailer Name: _____ Specialty Retailer DuPont ID No.: _____

Business Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ E-mail: _____

Distributor/GMA Name: _____

Invoice #	Product Name: DuPont™ Corian® or DuPont™ Zodiaq®	Color	Sq. Footage (at least 30 sq. ft.)	Reward (x \$25)	Corian® Sink Purchased? **
					YES NO
					YES NO
					YES NO
					YES NO
					YES NO
					YES NO
					YES NO
					YES NO

** Sink purchase does not affect reward value.

Each claim must be supported by a copy of a dated invoice or supporting paperwork containing: 1) Job name, 2) DuPont™ Corian® and/or DuPont™ Zodiaq® square footage and 3) Installation date.

- Keep a copy of this form for your records.
- Contact Diane Reece at (800) 325-5095 if you have questions regarding your claim.

Mail or fax this form to:
 Counter Cash Headquarters
 P.O. Box 3693
 Medina, Ohio 44258-3693
 FAX: (330) 725-0576
 ATTN: DIANE REECE

Any incomplete submissions will be considered void. All claim forms are subject to review, audit and further proof of performance. Untimely or otherwise ineligible claims will not be accepted.

