

POINTS REQUEST FORM

Contact Person Name:		
Company Name:		
Address:		
City:	State/Province:	Zip/Postal Code:
Company Phone Number: (_)	
Alternate Phone Number: ()	Fax:()
Email Address:		
ENCLOSED ARE MY INVOICES F	OR THE PERIOD OF:	
□ 1/1-3/31 (Deadline: 4/10)	□ 4/1-6/30 (Deadline: 7/10)	
,	□ 10/1-12/31 (Deadline: 1/10)	
All invoices must be submitted w	ithin 10 days of the end of each quarte	r to receive program credit.
SEE PROGRAM OFFICIAL TERM	IS AND CONDITIONS FOR RULES REC	GARDING POSTING POINTS TO YOUR MEMBERSHIP ACCOUNT
-	or in the continental United States, Hav	uminaire lighting products purchased from an authorized vaii, or Canada with the exception of Hunter Golf products
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	clear, legible photocopies of the paid in e purchases must be submitted for poin	nvoices or a computer report generated by your Hunter Distributor nts.
	·	vill be deducted for purchases that are returned at a later date, poof of payment may be required at the discretion of Hunter.
5. Hunter reserves the right to ch	allenge the authenticity of any invoice	s or computer generated reports submitted.
6. Allow 4-6 weeks for points to I	pe posted to your account.	
I certify that I have complied with	n the Official Terms and Conditions of th	ne Program in submitting this form.
	Authorized Signature (must match printed name above)	Date