

DISTRIBUTOR CREDIT AWARD CLAIM FORM



To claim a Hunter Preferred Distributor Credit award, please complete all information on this form. Following the processing and verification of your claim, a letter confirming the transaction will be sent to you within 4-8 weeks.

Contact Person Name: _____

Company Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Company Phone Number: (____) _____

Alternate Phone Number: (____) _____ Fax: (____) _____

Email Address: _____

Please deduct the following amount of points from my Preferred Program account, and credit my company's account at the distributor listed below:

Number of points to redeem: _____ (minimum redemption quantity of 1,000 points)

Authorized Hunter Distributor Name:

Distributor Branch Address (where credit is to be applied):

My Company's Account number at this distributor: _____

Points redeemed for distributor credit are not subject to 1099 reporting.

I understand that the number of points designated above will be automatically deducted from my account, and a credit will be issued to the account number listed. I also understand that the points will be converted at the rate listed in the member guide.

Authorized Signature
(must match printed name above)

Date

E-Mail/Mail/Fax This Form To:

Hunter Preferred Program
Hunter Industries Incorporated
1940 Diamond Street, San Marcos, CA 92078 | hunterpreferred.com | hunterpreferred@hunterindustries.com
Tel: (877) 888-0167 Fax: (760) 471-9626