



FALL 2024  
**REBATE PROGRAM**  
Rebate Claim Form

**CONVEY-ALL®**

## Customer Information

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Product Information

Claim Date: \_\_\_\_\_ Claim Amount: \_\_\_\_\_

Product Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer City: \_\_\_\_\_

Date Equipment Received by User: \_\_\_\_\_

Please provide proof of purchase and email documents to [cashback@meridianmfg.com](mailto:cashback@meridianmfg.com)

Rebate form must be submitted on or before November 29, 2024.