



DEALER REDEMPTION FORM

Claim IT'S YOUR CHOICE in 2 easy steps:

1. Complete this form. All information is required in order to be eligible.
2. Fax this completed form, a copy of retail invoice, and Purchase Order to your Dacor Sales Administrator at 800-866-7147.

Customer Full Name: _____

Customer E-mail Address: _____

By selecting this box, the Customer agrees to the Terms & Conditions of this program and consent to share their contact information with Dacor for promotions, news and events.

Dealer Name: _____

Dealer Account Number: _____

Dealer Rep. Name: _____

Dealer Rep. E-mail Address: _____

Purchase Date (mm/dd/yyyy): ___/___/_____

Purchase Order: _____ Customer Invoice #: _____

<p>Qualifying Range: Model #: _____</p> <p>..... OR</p> <p>Qualifying Cooktop/Rangetop: Model #: _____</p> <p style="text-align: center;">&</p> <p>Qualifying Wall Oven: Model #: _____</p>	<p>Choice:</p> <p><input type="checkbox"/> DDW24S Dishwasher-\$250</p> <p><input type="checkbox"/> RDW24S Dishwasher-\$500</p> <p>Handle Option-Model #: _____ RDW24S models-include handle option: ADWE24HCH, ARDWM24H or ARDWP24H</p> <p><input type="checkbox"/> RDW24I Dishwasher-\$500</p> <p><input type="checkbox"/> \$250 Instant Savings</p>
<p>Qualifying Refrigeration: Model #: _____</p>	<p>Choice:</p> <p><input type="checkbox"/> DHW301</p> <p><input type="checkbox"/> DHW361</p> <p><input type="checkbox"/> DHW421</p> <p><input type="checkbox"/> DHW482</p> <p><input type="checkbox"/> \$250 Instant Savings</p>

Consumer purchase must be invoiced during promotional period. All qualifying products must be offered in the current 2016 Dacor Price Book Catalog. Offers are subject to model availability. Visit www.dacor.com/ItsYourChoice for more details, including program Terms and Conditions.

