REIMBURSEMENT GUIDELINES

Spring Fleet/Fuel Marketer Rebate
Diesel Kleen +Cetane Boost and Clear-Diesel Fuel & Tank Cleaner

March 1 – May 31, 2019

The Power Service 2019 Spring Fleet/Fuel Marketer Rebate offers you cash back for purchasing Diesel Kleen +Cetane Boost and Clear-Diesel Fuel & Tank Cleaner in cases of 1 gallon containers, 2.5 gallon containers, 55 gallon drums and 260 gallon totes from an authorized Power Service Warehouse Distributor.

This offer is valid for purchases from March 1 through May 31, 2019.

To ensure proper reimbursement from Power Service Products, please use the following guidelines:

1. Complete the attached claim form, which summarizes the date of purchase, invoice number, part numbers purchased, total 1 gal cases, 2.5 gal cases, 55 gal drums or 260 gal totes purchased and total claim amount.

2. Attach proof of performance to the claim form. Proof of performance should include:
   - Copies of original invoices from an authorized Power Service Warehouse Distributor showing date and quantity purchased.


4. Reimbursement will be made by check.

Please contact Power Service Products for more details.

Remit reimbursement form to:

Power Service Products, Inc.
513 Peaster Hwy
P.O. Box 1089
Weatherford, TX 76086-1089
800-643-9089 FAX 817-599-4893
www.powerservice.com

Form # RB01-2019
Power Service Products reserves the right to deny claims that were found to be fraudulent after audited.
POWER SERVICE PRODUCTS, INC.
Spring Fleet/Fuel Marketer
Rebate Form

Diesel Kleen +Cetane Boost and Clear-Diesel Fuel & Tank Cleaner
- 1 Gal Container....................$5 per case
- 2.5 Gal Container...............$10 per case
- 55 Gal Drum.........................$100 per drum
- 260 Gal Tote.......................$300 per tote

<table>
<thead>
<tr>
<th>DATE OF PURCHASE</th>
<th>INVOICE NUMBER</th>
<th>PART NUMBER PURCHASED</th>
<th>TOTAL 1 GAL CASES PURCHASED</th>
<th>TOTAL 2.5 GAL CASES PURCHASED</th>
<th>TOTAL DRUMS PURCHASED</th>
<th>TOTAL TOTES PURCHASED</th>
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TOTAL (x $5, $10, $100 or $300)

Follow guidelines at the top of the page to calculate cash rebate

TOTAL CLAIM AMOUNT

Make Checks Payable to:

COMPANY NAME (checks will not be made to in an individual)

ADDRESS

CITY, STATE, ZIP

SIGNATURE

PHONE NUMBER

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