REBATE GUIDELINES
Rebate Claim Form RB02-2019

2019 Fall Fleet/Fuel Marketer Rebate Promotion

The Power Service 2019 Fall Fleet/Fuel Marketer Rebate Promotion offers you cash back for purchasing Diesel Fuel Supplement +Cetane Boost and Arctic Express Diesel Fuel Antigel 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 July 15 through November 30, 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.

5. Rebates will NOT be paid to authorized Power Service warehouse distributors.

6. Submit claims to:
   Power Service
   Fleet/Fuel Marketer Rebate
   PO Box 1089
   513 West 4th St
   Weatherford, TX 76086
POWER SERVICE PRODUCTS
Rebate Claim Form RB02-2019

<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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Diesel Fuel Supplement +Cetane Boost
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

Arctic Express Diesel Fuel Antigel:
2.5 Gal Container.......$5 per case
55 Gal Drum.............$50 per drum
260 Gal Tote...........$150 per tote

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

Diesel Fuel Supplement
TOTAL (x $5, $10, $100 or $300)

Arctic Express
TOTAL (x $5, $50, or $150)

TOTAL CLAIM AMOUNT (Add Diesel Fuel Supplement & Arctic Express Totals)

Make Checks Payable to:

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

______________________________
ADDRESS

______________________________
CITY, STATE, ZIP

______________________________
SIGNATURE                     PHONE NUMBER

POWER SERVICE PRODUCT RESERVES THE RIGHT TO AUDIT AND/OR REQUEST INVOICE COPIES FOR ANY CLAIMS SUBMITTED. WE RESERVE THE RIGHT TO DENY CLAIMS THAT WERE FOUND TO BE FRAUDULENT AFTER AUDITED.

Form # RB02-2019