



Curry Industries/ KAP Member Offer 10% Cash Back!



**Form must be received within 60 days
of your invoice date**

Member Name: _____

Business Name: _____

Address: _____

Town/City: _____ Prov: _____ Postal Code: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail: _____

KAP Member Number: _____ Invoice Number: _____

Products (s) Purchased: _____

Invoice Total **With** Taxes: \$ _____ . _____ Invoice Total **Before** Taxes: \$ _____ . _____

CASH REBATE: \$ _____ . _____ (10% of Invoice Total **Before** Taxes)

I certify that the above information is true and accurate.

KAP Member Signature: _____

Rebate Offer and Form Processing Instructions:

1. Complete the entire form and sign as above.
2. Submit this completed form:
 - Fax: 1-204-984-9460 or 1-866-984-9460**
 - Mail: KAP Member Benefits**
 - c/o STRATA Benefits ~ 2nd Floor - 1447 Waverley St. ~ Winnipeg MB R3T 0P7**
3. KAP will validate your membership status. Once validated and approved, your rebate will be processed within 60 days following receipt of this form.
4. **This Rebate application must be made within 60 days of the invoice date.**
5. For more information on the status of your rebate, please contact: KAP Member Benefits at 1-866-527-0123, ext 1

Office use only:

KAP Verification: Date: _____ / _____ / _____ Name: _____ Signature: _____
dd mm yy

Office use only: Cheque Number: _____ Date Cheque issued: _____ / _____ / _____
dd mm yy