



# PAT Inc./KAP Member Offer 2% 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:**      \$ \_\_\_\_\_ . \_\_\_\_\_      (2% 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 Benefits**
  - c/o STRATA Benefits ~ 2<sup>nd</sup> 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

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**Office use only:**

**KAP Verification:** Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
dd mm yy

**Office use only:** Cheque Number: \_\_\_\_\_ Date Cheque issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yy