

AED Rebate Customer Intake Form

Please complete this form and include it in the box with your AED return shipment. Incomplete forms may result in delayed processing or ineligibility for a trade in rebate.

Customer Information

Company / Organization Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Shipping Address: _____

City / State / Zip Code: _____

Returned AED Information

New ZOLL AED Serial Number	New ZOLL AED Order Number	Trade-In AED Serial Number

*Attach an additional sheet if returning more than 3 units. *

Terms & Acknowledgment

By signing below, I certify that the above information is accurate and that I am submitting AEDs as part of the approved rebate program. I understand that units submitted without proof of purchase may not qualify, and a trade in serial number of a displaced AED must accompany the New ZOLL AED serial number to receive rebate check.

Signature: _____ Date: _____

Return Shipping Instructions – Ship AEDs & Completed Form To:

AED Rebate Center (5055081)

1033 Collins Road, Suite B

Greenwood, IN 46143

REQUIRED

RMA #: 5055081