

ZOLL Medical - AED Rebate Customer Intake Form

Please complete this form and include it with your AED return shipment. Incomplete forms may result in delayed processing or ineligibility for a rebate. Please reach out to Cardio Partners if you need help completing the information on this form.

Customer Information **Checks will be mailed to this address**

Company / Organization Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Shipping Address: _____

City / State / Zip Code: _____

Returned AED Information

Old AED Brand	Old AED Model	Old AED Serial Number (SN)	New ZOLL AED Serial Number (SN)	ZOLL AED Model (AED Plus or AED 3)	AED Sale Date

*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 ZOLL AED serial number to receive credit.

Signature: _____ Date: _____

Return Shipping Instructions – Ship AEDs & Completed Form To:

AED Rebate Center (5115711)

1033 Collins Road, Suite B

Greenwood, IN 46143

REQUIRED

RMA #: 5115711