



REBATE FORM

Order Confirmation # _____
(Can Be Found On Your Order Confirmation E-mail)

Date of Order: ___/___/___

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

E-mail Address: _____

Total Amount of your purchase (Excluding Tax): _____

Submit Rebate to:

Moving Day Boxes, LLC

ATTN: Rebate Claims

7301 West 25th Street Suite 115

Riverside, IL 60546

or Fax to: 866-305-8111

Disclaimer: Moving Day Boxes, LLC reserves the right to refuse payment for any reason and will prosecute fraudulent claims.