

# Polycom SoundStation2W Rebate (NST#2008-12-24135)

## Claim Form

Company Name\* \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

\*Rebate check will be made out to the Company name.

**Send completed documentation to:** Polycom Promotions, Promotion number: H29983

- **Mail**—P.O. Box 100550, White Bear Lake, MN 55110-0550 **OR**
- **Fax**—651-762-9717 **OR**
- **Email**—[polycom@rebate-zone.com](mailto:polycom@rebate-zone.com) (subject line must contain: Polycom SoundStation2W Rebate Program)

Required Documentation includes:

1. Completed claim form
2. Photocopy of customer invoice or receipt
3. Proof of purchase (white label with serial number from box). Include original for mail submissions, or photocopy for fax or email submissions.

Channel Partner Name \_\_\_\_\_  
Sales Person \_\_\_\_\_  
Channel Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Channel Phone \_\_\_\_\_  
Channel Partner Email \_\_\_\_\_

If the End User cannot receive a check direct from Polycom, fill out this information:

**Reason End User cannot receive a check directly from Polycom** (See Terms and Conditions for details. Reseller invoice must include a line item deduction off the total invoice amount for the full rebate amount.)

Please issue rebate check to reseller listed above (reason):

\_\_\_\_\_

## Rebates Claimed

| Product                        | Part Number    | Quantity Purchased | Rebate Amount | Total Rebate Amount |
|--------------------------------|----------------|--------------------|---------------|---------------------|
| SoundStation2W Basic - 2.4 GHz | 2200-07880-001 |                    | \$100         |                     |
| SoundStation2W EX - 2.4 GHz    | 2200-07800-001 |                    | \$150         |                     |
| <b>Total Rebate</b>            |                |                    |               |                     |

I have read and agree to the terms and conditions of this migration program.

**End User Signature** \_\_\_\_\_  
(Must be signed by an authorized End-User customer representative.)

## Official use only

Date Received \_\_\_\_\_ Approved / Denied \_\_\_\_\_