

Official Certificate

\$500 Pharmacy Discounts



John Crow

JOHN CRAW - Certificate Commissioner

Robert Wills

ROBERT WILLS - Certificate Witness

Compliments of: Sample

This certificate is redeemable for a Pharmacy Discounts Booklet, providing you with the opportunity to order coupons for Non-Prescription (over-the-counter) products of your choice. In your Pharmacy Discounts Booklet, you will find (50) fifty \$10.00 Non-Prescription (over-the-counter) Pharmaceutical Coupon Certificates. Each certificate may be redeemed for \$10.00 worth of pre-clipped coupons from the pharmaceutical index listed in the book. Select from over 100 over-the-counter products and order the coupons as you need them. These manufacturers' coupons represent cash savings to you on your future purchases. This offer is only available to United States residents. This certificate has no cash value and is void if discontinued or where prohibited by law. No purchaser should rely upon representations other than those included in this certificate. The terms of this certificate are subject to change without notice. The certificate holder is responsible for the terms and conditions as they apply to the date of redemption.

How To Redeem Certificate:

To receive your \$500 Pharmacy Discount Coupon Booklet, please go to redeemcert.com and use the Certificate ID# shown below. Please pay \$15.00 for processing, postage and handling fee. You may also redeem this certificate by completing the information on the form below and send it via fax to 1-866-461-5637 and your order will be processed the same day. If you prefer you can mail this form to the address provided below. All major credit cards are accepted. This certificate has no cash value, no refunds and is void if discontinued or where prohibited by law. The terms of this certificate can change without notice.

PLEASE PRINT CLEARLY:

Name: \_\_\_\_\_
Address: \_\_\_\_\_ State: \_\_\_\_\_
Zip code: \_\_\_\_\_ Country: \_\_\_\_\_
Phone: \_\_\_\_\_
Email: \_\_\_\_\_

To Pay by Credit Card:

Visa
 Mastercard
 AMEX
 Discover
Name On Card: \_\_\_\_\_
Card Number: \_\_\_\_\_
Expiration Date: \_\_\_\_\_
CVV Code: \_\_\_\_\_

CERTIFICATE ID:

386352799

Click Here to Redeem

To Redeem Via Mail or Fax:
Send Processing Fee with Certificate to:
Electronic Incentives
910 Athens Hwy Ste K-214
Loganville, GA 30052
FAX: 1-866-461-5637

Limited Quantity, Act Now!