AMD Direct

Promotional Claim Form

Name: _____

Submitted By: _____ Phone: _____ Email: _____

(Enter phone number of person completing form) (Enter email address of person completing form)

Product(s) Claimed:					
Sales Order #	PO#	Item #	Quantity	Purchase Price	Credit Amount
			Total	$ 0.00	$ 0.00

Name: _____

Street Address: _____

City: _____ State/Prov: _____ ZIP/PC: _____

You must also submit proof of consumer purchase and complete credit request form. All forms must be received by AMD on or before 12/15/2024 to be eligible. These promotions may not be combined with any other current or future promotions.

Please email this completed form, original invoice(s), and sales order to msmith@afdistributors.com