

Arecont Vision® Trade Up Promotion Form

1. Contact Information		Submitter Name:	
Submitter email:		Submitter phone:	
Company/organization:			
Street Address Line 1:			
Street Address Line 2:			
City:		State/Province:	
Zip or Postal Code:		Country:	

2. Cameras To Be Returned for Rebate Credit (1 per line)			
Make:		Model:	
Serial Number:		Mac Address:	
Make:		Model:	
Serial Number:		Mac Address:	
Make:		Model:	
Serial Number:		Mac Address:	
Make:		Model:	
Serial Number:		Mac Address:	
Make:		Model:	
Serial Number:		Mac Address:	
Make:		Model:	
Serial Number:		Mac Address:	
Make:		Model:	
Serial Number:		Mac Address:	
Make:		Model:	
Serial Number:		Mac Address:	

See Next Page for Step 3

Use Multiple Forms as Required.

Arecont Vision® Trade Up Promotion Form

3. Arecont Vision Replacement Cameras Purchased

Arecont Vision Model #:	Mac Address:
Purchased From:	Purchase Order/Invoice #:
Arecont Vision Model #:	Mac Address:
Purchased From:	Purchase Order/Invoice #:
Arecont Vision Model #:	Mac Address:
Purchased From:	Purchase Order/Invoice #:
Arecont Vision Model #:	Mac Address:
Purchased From:	Purchase Order/Invoice #:
Arecont Vision Model #:	Mac Address:
Purchased From:	Purchase Order/Invoice #:
Arecont Vision Model #:	Mac Address:
Purchased From:	Purchase Order/Invoice #:
Arecont Vision Model #:	Mac Address:
Purchased From:	Purchase Order/Invoice #:
Arecont Vision Model #:	Mac Address:
Purchased From:	Purchase Order/Invoice #:
Arecont Vision Model #:	Mac Address:
Purchased From:	Purchase Order/Invoice #:

Instructions For Use

1. Use multiple forms if required. Fill in all details on both sides of form to qualify.
2. Be sure to include purchase information from authorized distributor. Missing/illegible information disqualifies this form.
3. Consult the Trade Up Promotion Flyer for the full Terms and Conditions of this offer.
4. Email or send this completed form to the AV Trade Up Program administrator at TradeUpPromotion@arecontvision.com to Arecont Vision, Trade Up Program Administrator, 425 E Colorado St., 7th Floor, Glendale, CA 91205 USA.
5. Include your supporting purchase information of Arecont Vision cameras with this form to qualify.
6. DO NOT SEND CAMERAS UNTIL YOU RECEIVE A MARKETING AUTHORIZATION NUMBER FROM ARECONT VISION.

ARECONT VISION USE ONLY:

Purchased From:	Date:	Marketing Authorization #:
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