



To claim a Hunter Preferred Contractor Program award, please complete all information on this form. Following the processing and verification of your claim, your award will be shipped to you within 4-8 weeks.

Contact Person Name:				
Company Name:				
Address:				
City:	State	/Province:	Zip/Postal Code:	
Membership Phone Numbe	r (your office phone #): (	_)		
Alternate Phone Number: (_	)	Fax: ()		
Email Address:				
Special Shipping Instruction	15:			
Please indicate the award yo on the lines below.	ou would like to receive and the	e amount of points y	/ou estimate will be	e needed
<ul> <li>For Quick Cash Awa of 350 points)</li> <li>For Distributor Cred</li> <li>For Wearables, indic</li> </ul>	vards, indicate the item and the rds, indicate the number of po it Awards, please use Distribut cate item size:	ints to convert to ca for Credit Request Fo /omen's	orm.	
Please ship the following: $\_$				
redemption totals \$600 or r information statement to yo		r Industries may be	required to issue a	n IRS form 1099
I understand that the number of points needed to claim this award will be automatically deducted from my account.				
	Authorized Signature (must match printed name above)			Date
MAIL/FAX THIS FORM TO:	Hunter Preferred Contractor I Hunter Industries Incorporate Tel: 1-877-888-0167 • Fax: 1-	ed • 1940 Diamond S	Street, San Marcos,	, CA 92078