



SERVICE CERTIFICATE

Receive a check payable to Installer good for any future service.

OFFER GOOD 10/01 THROUGH 11/30

REDEEM ONLINE at www.DuraMAXoil.com

1. Complete the form. (Check the oil change that applies.)

- | | |
|---|--|
| <input type="checkbox"/> \$7.00 Full Synthetic | <input type="checkbox"/> \$3.00 Synthetic Blend |
| <input type="checkbox"/> \$5.00 High Mileage | <input type="checkbox"/> \$3.00 ALLFLEET Synthetic Blend |
| <input checked="" type="checkbox"/> Extra \$3.00 for DuraMAX Wiper Blade Set | |

Installer Name: _____

Installer Address: _____

Your Name: _____

Mailing Address: _____

Email: _____

Please check the box to opt in to receive email communications.

Cell Phone: _____

Please check the box to opt in to receive SMS communications.

Signature: _____

2. Mail this original form with your original invoice of a DuraMAX oil change and DuraMAX wiper blades purchase to:

DuraMAX Processing Center

PO Box 9673

Grand Rapids, MN 55745-9673

Postmark must be within 30 days from date of service. Bundled submissions or submissions by Installer on behalf of consumer are not permitted.

Maximum one submission per envelope.



Sign up for DuraMAX Liquid Armor Engine Warranty
for 10 Years or 300,000 Miles of Protection
www.duramaxwarranty.com

