01/01/2023 - 12/31/2023

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SAINT-GOBAIN

Rebate Purchase Supplement for Contractors Only. For use in addition to the original program redemption form.

CUSTOMER INFORMATION (Information provided should be consistent from submission to submission.) **BLUE OR BLACK INK ONLY**

Contractor ID *(7 digit # located on your rewards card.)*

Company Name

First Name*

Last Name*

Are you new to the program? ☐ Yes ☐ No

Mailing Address*

Apt./Suite

City*

State*

Zip*

Email Address*

Phone* ___ — ___ — ____

5-STAR CONTRACTORS GET AN ADDITIONAL 10% BONUS ON CONTRACTOR CASH BACK REBATES.

PURCHASE INFORMATION (Attach spreadsheet with additional information if needed.)

INVOICE DATE	INVOICE NUMBER	PRODUCT NAME	QTY