



Helios Maintenance Fee Rebate Program

www.gohelios.com/rebate

Company Name: _____ Company Address: _____
 Company DBA: _____ City: _____
 Store Phone: _____ State: _____
 Contact: _____ Zip: _____
 Email: _____

Qualifying Period:	Rebate Request Deadline:
2008 Q4. October through December	2008 Q4. January 31, 2009
2009 Q1. January through March	2009 Q1. April 30, 2009

Terms and Conditions:

- All Helios, LLC™ communication regarding this program will be done via email.
- Helios, LLC™ reserves the right to cancel or modify this program at any time.
- Helios, LLC™ must receive a fully completed "Helios Maintenance Fee Rebate Program" form for each participating location to be eligible for a rebate.
- Helios, LLC™ must have received a fully completed W-9 form prior to the expiration of the initial qualifying period for each participating location to be eligible for a rebate.
- All participating locations with the same Taxpayer Identification Number (TIN) must have been successfully drafted/debited for the monthly/yearly maintenance fees during the qualifying period to be eligible for a rebate.
- Businesses must submit a minimum of 5,000 post cards per location through the Heliosprint web portal (www.heliosprint.com) during each qualifying period as defined above to be eligible for a rebate.
- Helios, LLC™ must receive a fully completed "Helios Maintenance Fee Rebate Program" form post marked via USPS' Certified Mail by the Rebate Request Deadline as defined above for each participating location to: Helios Rebate Department – 6270 Corporate Drive – Indianapolis, IN 46278.
- A copy of the invoice(s) for all post card orders MUST accompany the "Helios Maintenance Fee Rebate Program" form for each participating location.
- All rebate checks will be mailed out by the end of the quarter that follows the qualifying period. Businesses with multiple locations will receive one check per Taxpayer Identification Number (TIN) that is on file.
- The date of submission for all forms will be based on the official post mark date from the USPS.

Authorized Signature of Acceptance: _____ Date: _____
 Clearly Print Name: _____

- THIS FORM MUST BE RETURNED TO BE ENROLLED IN THE REBATE PROGRAM! -

OFFICE USE ONLY
 MFRP# _____ ID# _____