



**DISCOUNTED GOODS FULLFILLMENT REDEMPTION FORM**

| DentLight Q4 Specials |              |                        |          |                          |
|-----------------------|--------------|------------------------|----------|--------------------------|
| Product               | Model        | Special                | Part No. | Check                    |
| FUSION Curing Light   | 5            | Buy Three Get One Free | 7800080  | <input type="checkbox"/> |
|                       | Twinhead     |                        | 7810080  | <input type="checkbox"/> |
|                       | FUSION-DOE   |                        | 7700512  | <input type="checkbox"/> |
| Nano                  | Freedom      |                        | 8600115  | <input type="checkbox"/> |
|                       | Freedom Plus |                        | 8600116  | <input type="checkbox"/> |
|                       | 2S           |                        | 8600113  | <input type="checkbox"/> |

TO REDEEM: Purchase products between Oct. 2 -Dec. 31 , 2017. All REDEMPTION must be received by Jan. 31, 2018. Purchased at regular price (+/- 10%), Not to be combined with any other offers. Please allow 4-6 weeks from date REDEMPTION is received for delivery. OFFER EXPIRES Dec. 31 , 2017.

**Mail the redemption form together with your invoice and "Proof of Purchase" bar code cut from the original box. DentLight will process the redeemed light based on the submission.**

**CHECKLIST FOR CLAIMING FREE GOODS**

- Complete this redemption form
- Attach purchase invoice (dated between Oct. 2 -Dec. 31 , 2017, 2017)
- Write Serial Number(s)
- Cut "Proof of Purchase" bar code(s) from the product box (SEE SAMPLE below)
- Mail all above documents to the address below
- Keep copies of all documents for your records
- Trade-in kits (in the case of trade in credit request). Old headlight full kit qualifies as trade in items.

Sample Product Bar Code



**Mail All Documents To:**

**Attn: Q4 2017 Specials  
DentLight Inc.  
1825 Summit Ave. Suite 210  
Plano, TX 75074**

**Please provide the following information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dealer: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Serial Number(s): \_\_\_\_\_

**Terms of Offer:** Offer good in the 50 United States and the District of Columbia on products purchased by an end-user from an authorized DentLight distributor. Your envelope containing this claim form, the section of the box bearing the original white "Proof of Purchase" bar code cut from the product box. We must receive "Proof of Purchase" with cardboard intact and legible copy of your sales receipt from your distributor. Allow 60 days for processing of claim.