

POWERrewards

PowerRewards CLAIM FORM

To report sales for the PowerRewards Program, please complete the information below and keep a copy for your records. Indicate the appropriate PowerRewards Promotion Name and Number located on the front of each PowerRewards Promotion. This form may be photocopied as needed. **PLEASE PRINT CLEARLY ALL INFORMATION BELOW IN BLUE/BLACK INK.**

| Power Rewards Promotion Name | | | PowerRewards Promotion Number | |
|---|----------------|------|---|---|
| | | | | |
| Reseller Name Authorized Compaq IE | | | | |
| Reseller Address | | | | |
| Reseller City | | | State ZIP Code Reseller Fax Number | |
| | | | | |
| Claimant Name | | | Joint Claimant Name | |
| Claimant Social Security Number | | | Joint Claimant Social Security Number | |
| Claimant Type: ☐ Sales Manager ☐ Sales Representative ☐ Systems Engineer ☐ Owner/Manager participating as a Sales Representative | | | Claimant Type: Sales Manager Sales Representative Systems Engineer Owner/Manager participating as a Sales Representative | |
| I certify that the claimed sales are valid and that I accept and have complied with all program rules, terms and conditions. Claims cannot be processed without claimant signature and Sales Manager information and signature. | | | I certify that the claimed sales are valid and that I accept and have complied with all program rules, terms and conditions. Claims cannot be processed without claimant signature and Sales Manager information and signature. | |
| Claimant Signature Date | | Date | Joint Claimant Signature Date | |
| INVOICE DATE | INVOICE NUMBER | QTY. | PART NUMBER | SERIAL NUMBER |
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| IF YOU ARE ATTACHING MORE THAN TEN CUSTOMER INVOICES, PLEASE COPY AND COMPLETE ADDITIONAL FORMS. THIS SALES CLAIM FORM MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED VALID. | | | | |
| | | | | |
| Sales Manager Name | | | Send this PowerRewards Sales Claim Form and supporting documents (customer invoices) to: | |
| I have read and understand the PowerRewards Program Guide and the Official Program Rules of the promotion for which this claim is being submitted and agree to the rules set forth by Compaq Computer Corporation. By signing this sales claim form, I acknowledge that all data supplied on this form and on the attached documentation is true and correct and that the employee(s) listed on this form work for me and are employed by my company. | | | Mail: PowerPaq Program Headquarters Attn: Program Coordinator P.O. Box 4900 Fenton, MO 63099 | Overnight: PowerPaq Program Headquarters Attn: Program Coordinator 1365 N. Highway Drive Fenton, MO 63099 |
| | | | OR, Fax your PowerRewards Sales (| Claim Form to: 800-255-4980. |
| Sales Manager Signature | | Date | | |

PowerRewards CLAIM FORM

How to Submit Your Claim:

- 1. Complete and submit the PowerRewards Enrollment Form to PowerPaq Program Headquarters to be eligible to submit PowerRewards sales claims. Enrollment is required only one time.
- 2. Complete and sign this PowerRewards Sales Claim Form and ATTACH A COPY OF THE END-USER SALES INVOICE AS PROOF OF SALE. Double-check all information for accuracy.
- 3. Send this PowerRewards Sales Claim Form and supporting documents (customer invoices) to:

Mail:

PowerPaq Program Headquarters Attn: Program Coordinator P.O. Box 4900

Fenton, MO 63099

Overnight:

PowerPaq Program Headquarters

Attn: Program Coordinator 1365 N. Highway Drive Fenton, MO 63099

OR, Fax your PowerRewards Sales Claim Form to: 800-255-4980.

- 4. Please retain copies of this PowerRewards Sales Claim Form and related documents, including fax transmittal sheets and/or overnight receipts, for your records. Call PowerPaq Program Headquarters at 800-253-3482 if you have any questions. Additional PowerRewards Sales Claim Forms can be obtained through PowerPaq Program Headquarters at the above number or through PaqFax by calling 800-231-9977, option 5, and choosing document 5020. Sales Claim Forms may be photocopied.
- 5. Incomplete or invalid claims will be returned with a letter of explanation and request for appropriate information.

Terms and Conditions:

Please refer to the appropriate Compaq promotion Official Program Rules for complete claim information on each promotion claim submitted. In the case of bundled product promotions, all sub-level part numbers, serial numbers, and quantities must be indicated to be considered eligible.

- All sales must be reported using this PowerRewards Sales Claim Form. Verification for all sales in the
 form of customer invoice(s) must accompany this completed form. The attached invoice(s) must clearly show eligible product(s) sold, invoice dollar amount(s), invoice date(s), ship date(s), claimed unit's
 serial number(s) (must be Compaq Product Serial Number), and name and address of the end-user
 customer.
- All claims will be audited and verified and adjustments made when appropriate.
- Sales representatives or Systems Engineers must sign each sales claim form submitted indicating their
 acceptance of promotion terms and conditions. Additionally, Sales Managers must sign each sales
 claim form submitted indicating their acceptance of promotion terms and conditions.
- Compaq reserves the right to reverse Award Point credits issued to participants' personal Exclusively Yours® MasterCard® Card ("Compaq Card") accounts in the event of an invalid claim.
- Participants are responsible for any tax liabilities incurred for participating in PowerRewards promotions. A 1099 tax statement will be generated by Compaq and sent to participants in accordance with IRS regulations.
- Compaq reserves the right to change, alter, or cancel a PowerRewards promotion at any time without notice. All decisions made by Compaq Computer Corporation are final. Compaq is not responsible for late, lost or postage due mail. Promotions are valid in U.S. only. Void where prohibited or restricted by law.