

Sheet _____ of _____

Distributor Name

1. Submit this form on a monthly basis. All requests received before the 15th of each month will be processed during that month.
2. Attach copies of the Distributor-To-OEM/Special Acct. Invoices to which you refer.
3. Attach copies of Kohler Invoices on which serial numbers appear.
4. Rebate applies to Kohler's net selling price on the base model only, not optional accessories.
5. All OEM's/special accounts require prior approval to qualify for rebates.
6. Mail completed form to:

**Promotion Specialist
Generator Division
Kohler Co.
Kohler, WI 53044**

City		State	Zip Code
Date Submitted		Consumer Customer No.	

[illegible]

***Attach Copies of Distributor-to-OEM/Special Acct. Invoice.**

Name of person in your company to call if we have questions or need additional information

Phone ()