



**GAS CARD CLAIM FORM**

NAME / BUSINESS NAME:

ADDRESS:

CITY:

ST:

ZIP:

PHONE:

NAME OF DEALERSHIP:

MODEL PURCHASED:

SERIAL NUMBER:

Mail Gas Card Claim Form along with a copy of the sales receipt showing the serial numbers to:

**FLORIDA OUTDOOR EQUIPMENT  
C/O FREE Gas Promotion  
2691 Dardanelle Drive  
Orlando, Florida 32808**

Please allow 4-6 weeks for your claim to be processed.

\*Eligible products must be purchased between June 26 - November 30, 2007. Claims must be in by December 15, 2007.



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