

# PMI REBATE CLAIM FORM

## Part 1: Basic Information

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Ship to Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Residential: **YES** or **NO**  
Email Address: \_\_\_\_\_  
Purchased From: \_\_\_\_\_

## Part 2: Complete Radios Purchased Section

DATE	SERIAL NUMBERS <small>(Excel spreadsheet lists can be emailed) **Please note Excel file name below or include serial numbers**</small>	MODEL	# PURCHASED
<b>TOTALS:</b>			

Please fill out and fax back to PMI at (330) 659-6288  
or email to [pmi@pmiradios.com](mailto:pmi@pmiradios.com) **NO LATER THAN January 31st, 2025.**

*(Please include proof of purchase docs. See terms for details.)*

