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 *(Excel spreadsheet lists can be emailed)* **Please note Excel file name below or include serial numbers**	MODEL	# PURCHASED
		TOTALS:	

Please fill out and fax back to PMI at (330) 659-6288
or email to pmi@pmiradios.com ***NO LATER THAN January 31st, 2027.***

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

ProMarketing inc.

MOTOROLA SOLUTIONS
Value Added Distributor