



MOLF SUB*ZERO COVE

	Model Number	Serial Number		Attach a copy of sales invoice
				verifying the
				purchase and delivery from an
				authorized dealer.
				Offer valid for retail purchases, end user
				only.
TRST NAME		LAST NAME_		
STREET ADDRESS	S			
CITY	STATE	ZIP		
PHONE NUMBER_		DATE PI	URCHASED//_	
AUTHORIZED DEAL	_ER	DELIV	ERY DATE_/_/_	
FMAIL ADDRESS				
he rebate offer is li	mited to one Wolf rebate per ser	ial number.		
urchase must be made	through a Roth Living retailer. This form cessing. By signing below, you acknowle	must accompany your de		
Address of Install must I	be inside the Marshall fire zone.			
	Email all required docume	ents to:	rebateinfo@rothlivin	a.com
	Mail in documents to:		742 S Broadway Denver, CO 80209	
Panaumar Ciarat	. The state of the		oto / /	
Jonaumer Signati	ure		ate//	