

The Rebate Group, LLC

“Your Partner for Saving Money”

Manufacturer Value Program (MVP Rebate Program) Enrollment Form

Entered into as of _____, (Date) by and between **The Rebate Group, LLC** and

 (“Member”).

Member authorizes **The Rebate Group, LLC** and its Assignee to have access to purchase history data from the **Member’s** vendors/distributors.

The **Member** authorizes the vendor/distributor to release the purchase history data to **The Rebate Group, LLC** and its assignee for the purposes of providing manufacturer rebate/incentive programs.

It is understood that the **Member’s** purchase history data will continue to be released to **The Rebate Group, LLC** and its Assignee until the **Member** notifies **The Rebate Group, LLC** in writing of the intent to terminate this MVP Rebate Program. Notification must be sent via certified mail to the following address:

The Rebate Group, LLC
4920 Atlanta Highway, #302
Alpharetta, GA 30004

The Rebate Group, LLC agrees to bill for the manufacturer rebate/incentives on the behalf of the member. **Member** acknowledges that **The Rebate Group, LLC** is being compensated from the rebate/incentive program for the processing of data and the distribution of the rebate/incentives to the end users.

_____	_____	_____
Street Address	City, State, Zip Code	County
_____	_____	
Telephone	Email Address	
_____	_____	_____
Signature	Printed Name/ Title	Date

Estimated Weekly Purchases for grocery/frozen/protein & supply products \$ _____

Please list any Direct Manufacturers Rebate/Incentive Programs you are currently participating in:

Please list:

Primary Distributor & Branch /Weekly Volume / Account #

_____/_____/_____

Secondary Distributor & Branch /Weekly Volume / Account #

_____/_____/_____