

TERMS & CONDITIONS

1. You must register your certificate by the expiration date stated.
2. When registering your certificate, you must answer all questions. You have five days to mail and postmark your Registration Validation Form from the date you registered your certificate, which is the first time you visit www.claimyourvisacards.com.
3. If you are unable to print your Registration Validation Form and monthly coupons immediately, you have up to 72 hours to return and print them, making certain that your Registration Validation Form is submitted within the five days allotted per point 2, above. If you do not print your Registration Validation Form and your monthly coupons in the allowed time, you will not be able to return to the website and print them out later.
4. You must submit a copy of the front of a valid state-issued ID or Driver's License to validate your Registration Validation Form. Your must send in the copy of your ID or Drivers License with the Registration Validation Form. The address listed on your ID must match the address listed on your Registration Validation Form.
5. During the registration process you must select a pharmacy from which you will collect receipts during the redemption period. Only receipts from your selected pharmacy qualify. Receipts from other pharmacies do not qualify.
6. If you select "other" as your vendor choice and leave the vendor name blank, your certificate will not be accepted.
7. Lost or stolen Registration Validation Forms and/or monthly coupons cannot be replaced.
8. You must sign and mail the Registration Validation Form to the address provided, along with your refundable registration fee (\$9.95 U.S funds or \$15.95 Canadian funds made payable to REBATE REDEMPTION) within five days from the date you registered to activate your certificate. Any customers who submit a registration fee after five days or without the refundable registration fee will have their registration disqualified and their check destroyed. If paying by money order, your fee will be returned to you. If no fee was included, the registration will not be honored.
9. If you are mailing multiple certificate offers, you must send each Registration Validation Form and registration fee with a separate check in separate envelopes.
10. You cannot begin collecting receipts for submission until the month after you register. After you submit your Registration Validation Form, you can begin collecting receipts for the next month, even if you have not received notification that your registration has been accepted. You may presume it is accepted and begin collecting receipts for the next month while you await confirmation that your registration has been accepted.
11. You must mail and postmark (by the last day of the correct month) the correctly labeled coupon along with a minimum of \$100 in original and legible receipts for prescriptions and over-the-counter medications. Your receipts may not contain food, grocery items or any other products except prescriptions and over-the-counter medication. Your receipts must contain at least 50% prescriptions to qualify.
12. When mailing monthly coupons and receipts, your envelope must be postmarked by the "due date" for that submission, which is on or before the last day of that month. You are provided with a 15-day grace period from the last day of the month to make certain your submission is mailed and postmarked correctly. This 15-day grace period is being provided as a courtesy to help you submit your receipts in a timely fashion.
13. Within fourteen days of receipt of your monthly submission, we will post the status of your receipts on-line. You may check the status of your certificate qualification by logging onto www.pharmacyrebate.net and clicking on the status button.
14. When checking the status of your account, if you learn that your submission has not been accepted due to incomplete information, you will have 30 days from the original due date to provide the missing information, so that your submission can be corrected and your Visa Gift card issued.
15. You can make one error during the program, and fix that error, after your Registration Validation Form has been received and approved. If you make an error during the registration process, other than the postmark date or not submitting a fee, your registration will still be accepted with that error counting as your one mistake and the refundable registration fee being returned on the last visa card you receive at the end of the redemption period.
16. The coupon submitted each month must be the original coupon labeled for that month. Coupons from the wrong

- month, or from a month that does not match the month on your receipts, will not be accepted. Photocopies of original coupons or altered coupons also will not be accepted.
17. The monthly receipts must be original and legible and must include the pharmacy name and date, except where prohibited by law. If the receipt is illegible, you may handwrite the name of the pharmacy and the date on the receipt.
 18. Only one certificate per type (food, fuel, etc.) per household per year is permitted. If more than one coupon for the same type is submitted, the first coupon will be accepted but subsequent coupons will not. If you do not follow the terms & conditions for this program, you will not be able to use the same type of certificate for one year thereafter.
 19. The dates on your receipts must match the month of the coupon being submitted. Only one coupon may be redeemed within a 30-day period per type. If multiple coupons of the same type from the same registered address are submitted, only the first one will be fulfilled.
 20. A maximum of two (2) receipts from the same day are permitted. If more than two receipts from the same day are submitted, the two receipts with the highest valid total will be accepted. Multiple receipts from the same month are permitted, and the total of those valid receipts will be used to calculate the total valid receipts submitted for any given month.
 21. This certificate is valid for the number of months specified by the value of this certificate divided by \$25. These months run consecutively without interruption.
 22. If your pharmacy coupon and receipts for any given month are accepted, you will receive a \$25 Visa Gift card within 4-6 weeks from the end of the month in which we receive your receipts. After you submit the final coupon and reach the full value of your certificate, you will receive an additional \$10 (\$16 Canadian) - \$35 total (\$41 Canadian) to reimburse you for your initial refundable registration fee. You will only receive this \$10 refund in conjunction with the last \$25 Visa Gift card.
 23. When you receive your Visa Gift card you will have 90 days from the date you receive it to use it. The Visa Gift card can be used in any location where Visa is accepted. After 90 days, a \$5 monthly maintenance fee is deducted from the Visa Gift card until the full value of the Visa Gift card is depleted. To reinstate your Visa Gift card after 90 days, there is a \$10 reinstatement fee. The Visa Gift card cannot be redeemed for cash.
 24. Coupons may only be redeemed by mailing the coupon and pharmacy receipts to the address provided. Coupons have no cash value and will not be accepted by the pharmacy.
 25. This offer is void in the province of Quebec and where prohibited by law.
 26. All coupons must be redeemed within the month stated on each coupon. Coupons cannot be extended.
 27. The registration fee becomes non-refundable if these terms and conditions are not followed.
 28. If you choose to register by mail, you must mail your certificate along with a non-refundable processing fee of \$4.50 in U.S funds (\$8 in Canadian funds) to the address indicated on this certificate. Once we receive your certificate and the non-refundable fee, we will mail you the Registration Validation Form. You will have 30 days from the date you receive the form to return it, along with your refundable registration fee. We will then mail you your monthly coupons. The starting month for these coupons will be the month after the month you submitted your Registration Validation Form.
 29. All registrations, coupons and fees should be mailed to REBATE REDEMPTION, 2531 Division Street, Suite 105, Joliet, IL 60435.
 30. For information or help with your certificate you may contact us by emailing us at Rebates@myfreetravel.com or by calling our customer service number at 815-741-3900 between 10:00am - 5:00pm CST, Monday through Friday. All terms and conditions are subject to change without notice.
 31. Please visit www.ClaimYourVisaCards.com for final and binding terms and conditions. The terms and conditions posted on the website are the current terms and conditions which take precedence over any terms and conditions specified on any verbal or printed materials.

\$100 PHARMACY CERTIFICATE!



GOOD
AT ANY
PHARMACY!



Giant

Longs Drugs



SNYDERS



Plus 1,000's More.
NO EXCLUSIONS

PROTECTED AND INSURED
BY NATIONAL UNION FIRE INSURANCE
COMPANY OF PITTSBURGH, PA
A DIVISION OF AIU HOLDINGS

This program is powered by
My Free Travel
Travel at the price it should be.™

QUESTIONS? CALL US - 815-741-3900



Log on to www.bbb.org to check out our
"A" rating with the Better Business Bureau!

Sponsor: _____

Issue Date: _____

REDEMPTION INSTRUCTIONS

To redeem the value of this certificate please follow these instructions:

1. Log on to ClaimYourVisaCards.com and enter the password on this certificate. If you do not have access to a computer, you may register by mail. See mailing instructions below. Registration takes less than a minute.

2. Print and sign your Registration Validation Form. Submit it with a copy of the front of a valid state issued I.D. or driver's license along with your \$9.95 (\$15.95 CAN) refundable registration fee within 5 days. The address listed on your I.D. must match the address listed on the Registration Validation Form. If registering by mail you will receive the Registration Validation Form by mail.

3. Your registration fee is reimbursed at the end of your redemption period.

4. Continue to purchase pharmacy products as you normally do. Once your pharmacy receipts total \$100 each month, mail your receipts and printed coupon to receive your \$25 Visa Gift Card. Continue this process monthly until the full value of your certificate is redeemed. It's that simple!

That's **\$100 in pharmacy products over 4 months**, simply by doing the same thing you normally do anyway!

If you are unable to access the internet, please complete this form and mail it with a \$4.50 (\$8.00 CAN) processing fee made payable to "Rebate Redemption" to:

**REDEMPTION CENTER,
C/O CLAIM YOUR VISA CARDS,
2531 DIVISION STREET, SUITE #105
JOLIET, IL 60435**

**PHARMACY
PRODUCTS**

FIRST & LAST NAME		
ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE
PASSWORD	PHARMACY	
AREA CODE & PHONE NUMBER	SIGNATURE	
EMAIL ADDRESS	DATE	



**Valid for \$100
IN PHARMACY
PRODUCTS**

\$100 Pharmacy Certificate Password: _____

**Please Register Online at:
www.ClaimYourVisaCards.com**

PARTNERS & AFFILIATES
WE ARE PROUDLY AFFILIATED WITH THESE ORGANIZATIONS



Expiration Date: 8/31/10