

Lowest Purchase Price Guarantee Claim Form



Claim Number: _____

Date: _____

Please complete all sections of this form and read and sign the Statement and Authorization section.

CONTACT INFORMATION

Name: _____ Address: _____
City: _____ State/Zip: _____
Daytime Phone: _____ Evening Phone: _____
Email Address: _____

CLAIM INFORMATION – ITEM 1

Account Number: _____
Original Purchase Date: _____ Sale Price Date: _____
Original Purchase Price (excluding tax, delivery, assembly and other fees): _____
Sale Price: _____ Product Description: _____
Store or Website Name: _____ Total Amount Requested: _____

Please attach and return the following required documentation:
- Original sales receipt showing the date of purchase, place of purchase and the full purchase price
- Copy of the credit card statement showing the full purchase price
- Documentation of a lower sale price

CLAIM INFORMATION – ITEM 2 – Complete only if claiming multiple items

Account Number: _____
Original Purchase Date: _____ Sale Price Date: _____
Original Purchase Price (excluding tax, delivery, assembly and other fees): _____
Sale Price: _____ Product Description: _____
Store or Website Name: _____ Total Amount Requested: _____

Please attach and return the following required documentation:
- Original sales receipt showing the date of purchase, place of purchase and the full purchase price
- Copy of the credit card statement showing the full purchase price
- Documentation of a lower sale price

CLAIM INFORMATION – ITEM 3 – Complete only if claiming multiple items

Account Number: _____
Original Purchase Date: _____ Sale Price Date: _____
Original Purchase Price (excluding tax, delivery, assembly and other fees): _____
Sale Price: _____ Product Description: _____
Store or Website Name: _____ Total Amount Requested: _____

Please attach and return the following required documentation:
- Original sales receipt showing the date of purchase, place of purchase and the full purchase price
- Copy of the credit card statement showing the full purchase price
- Documentation of a lower sale price

Payment of your claim is subject to the terms and condition of this program. Please refer to your customer information brochure for a complete list of exclusions and time parameters before filing your claim. If you have been reimbursed by the merchant for the difference in price, please do not file a claim with Claims Administration.

The Claim Form must be complete and all required documentation must be submitted and filed before any claim under the program can be processed and paid. Please mail this claim form and all required documentation to:

CLAIMS ADMINISTRATION
P.O. BOX 6175
WESTERVILLE, OHIO 43086- 6175
1- 800-735-1408 Monday – Friday 8:00am – 8pm, Saturday 8:00am – Noon ET

STATEMENT AND AUTHORIZATION

THE CLAIM INFORMATION STATED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I understand that this form must be completed in full and that all required documentation must be submitted before any claim under this service can be processed or paid. I authorize my sponsoring institution to release to Claims Administration all information regarding my account for the processing of this claim. I further authorize Claims Administration to obtain from me a statement under oath, if needed, and to obtain copies of any information needed to process my claim. In addition, I understand that any claim may be denied if I fail to return this form within the required time parameters, even if I provide all the required documentation.

Signature _____ Date ____/____/____

CLAIM DOCUMENT CHECKLIST

- Complete and sign claim form
- Original sales receipt showing purchase of the eligible item
- Credit card statement showing full account number and purchase of eligible item
- Dated advertisement showing the lower price. This may be in the form of a printed advertisement or a signed letter from the store. For internet advertisements, this must include the date the advertisement was posted, merchant name, website address, the product and the sale price
- Please submit all documentation within 30 days of the date on this claim form