



SMART-BUCK REQUEST FORM

Complete this form and send to Metro for final approval of SMART-Buck credit certificate.

(1) - SMART-Buck Awarded to

First & Last Name & PH # (Entity who SMART-Buck is being issued to)

Company Name (Co who SMART-Buck is being issued to)

Address (Billing address of company, No P.O Boxes, Please, who SMART-Buck is being issued to)

City **State** (2-Ltr code or Province) **Zip Code**

(2) - Dist SMART-Buck redeemed at

Metro Distributor Company Name (Distributor where SMART-Buck will be redeemed)

METRO Distributor Contact Person, PH #, FX #, Etc.

Address (Billing address of company, No P.O Boxes, Please)

City **State** (2-Ltr code or Province) **Zip Code**

(3) - SMART-Buck Detail Information - What's it for?

Metro SMART-Buck Credit Certificate Request Reason (Describe below reason for requesting SMART-Buck Credit Certificate(s))

(ONLY 1 SMART-Buck Request per item, E.g., if 2 Home Shows create two SMART-Buck Request forms)

Discount Show Advertising Training Warranty-Repair Other

Support Documentation attached

(4) - Metro REP & OFFICE USE ONLY!

SMART-Buck Certificate No. # _____ **SMART-Buck TOTAL \$** \$ _____

Metro REP Approval (Print Name) _____

Metro REP Approval (Signature) _____ DATE _____

METRO APPROVAL (Print Name, Sign & Date) _____

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