

ARROWHEAD

INVOICE DATE: _____

INVOICE #: _____

RETAILER MAILING ADDRESS:

Store Name: _____

Street Address: _____

City, State, Zip Code: _____

MAIL TO:

Manufacturer's Name: _____

Arrowhead Dept #: _____ (Dept. # can be found on coupon)

P.O. Box 1311

Tecate, CA 91980

# of Coupons	Face Value	Total
		\$

Total Coupons _____

Total Face Value \$ _____

Handling (total coupons x \$0.08) \$ _____

Postage \$ _____

Total Claimed Amount \$ _____