2010 In-Home Chef Experience

Customer Name: _____

Address: _____

City, State, Zip _____

Email Address: _____

Phone Number: _____

Which date did you purchase your appliances? _____

From which dealer did you purchase your appliances? _____

What was the purpose of this purchase? (check one below)

New kitchen ☐

Remodel of existing kitchen ☐

other (please explain) ☐

_____

What brands did you consider?fff _____

What other kitchen products are you interested in? _____

To receive your rebate please complete this form and attach a copy of your invoice. Please mail these two items to the following address within 30 days of the invoice date:

ATTN: Viking In-Home Chef Experience Rebate Program
Milestone Distributors, Inc.
PO Box 601559
Dallas, Texas 75360