

Please indicate which qualifying product corresponds with your purchase:
☐ HSM1286/HSM1288 ☐ HSM1272/HSM1274 ☐ HSM1553/HSM1665
Please select all of the materials you plan to shred with your new shredder:
☐ Paper ☐ CDs/DVDs ☐ Credit Cards ☐ Paper Clips ☐ Other (specify):
What is your company site size?
□ 1-9 □ 10-99 □ 100-499 □ 5,000-9,999 □ 10,000+
Did you purchase your shredder because of this promotion?
☐ Yes ☐ No ☐ Planning to purchase anyway
Did you choose HSM over another manufacturer because of this promotion?
☐ Yes ☐ No If yes, which other manufacturer?

Please	checky	your ty	pe of	busin	ess:

□ Accounting

☐ Communications								
☐ Computer products								
☐ Printing & publishing								
☐ Personal (home or o	office)							
□ Legal [	☐ Utilities							
☐ Education [	☐ Government							
☐ Healthcare [	☐ Manufacturing							
☐ Hospitality [	☐ Transportation							
☐ Banking [	□ Retail							
☐ Insurance [	☐ Marketing							
☐ Real estate [	☐ Other (specify)							
How did you learn abo	out this promotion?							
☐ Representative	☐ E-mail							
☐ Online	☐ Fax							
$\ \square$ Monthly catalog or f	flyer							
☐ Telemarketing								
☐ Other (specify):								
Please select all of the	below that are							
important when making your decision on								
purchasing a shredder	:							
<b>D</b> .c	<b></b>							
☐ Sheet Capacity	☐ Bin Size							
Continuous Duty Mo								
☐ Solid Steel Cutting C	•							
☐ TAA Compliant	☐ Price							
☐ Security Level	☐ Color							

## To qualify for this offer, you must include:

☐ This completed mail-in coupon form
☐ Original or copy of invoice(s) or packing
slip(s) for all qualifying products dated between
January 1, 2014 and March 31, 2014.
☐ <b>Original</b> UPC label from each qualify product
box (one from each purchased product)

## Please print clearly

Name:		
Title:		
Company name:		
Address:		
City:		 
State:Email:	Zip:	
Phone:		 

The data received by HSM will only be used to confirm proof of eligibility. Requests must be postmarked within 45 days of purchase. Please complete a separate claim form for every invoice submitted.

HSM of America, LLC Attn: Customer Service PO Box 24 Downingtown, PA 19335

If terms and conditions are not met, gift card will not be sent. Claims postmarked or received after applicable dates and incomplete or illegible submissions will be rendered as ineligible. HSM is not responsible for claims lost, damaged or delayed due to transit. Claim will not be reissued. HSM product may not be returned for refund once the mail-in coupon and UPC code have been submitted. Keep copies of materials submitted; originals become HSM property and will not be returned. HSM reserves the right to request additional information regarding this claim. False information disqualifies this claim. Offer is limited to product on hand and no substitutions with other products are eligible. Only purchases made by an end-user customer are valid. Purchases by HSM resellers and internal HSM orders are ineligible. If you have any questions regarding this offer please call HSM customer service at 1-800-613-2110.



☐ Other (specify):

