



## GAS REBATE FORM

Print and mail this form along with a copy of a single gas receipt to:

Gas Rebate Department  
Automax Advantage Club  
P.O. Box 1130  
Asheville, NC 28802

Your Name \_\_\_\_\_ Member Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year, Make & Model of Auto \_\_\_\_\_ Mileage \_\_\_\_\_

Signature \_\_\_\_\_

\*You must be an active member at the time the rebate is issued to be eligible. Rebates will only be issued in the name of the primary Automax Advantage Club Member. Please allow 6-8 weeks for rebate processing and forwarding of rebate payment. This national gas rebate program is provided exclusively to Members of the Automax Advantage Club.