



OIL CHANGE REBATE FORM

Mail along with a copy of your oil change receipt that list the cost of the oil and filter change as well as the vehicle for which an oil change was performed to:

Oil Change 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 of the rebate is issued to be eligible. Rebates will only be issued in the name of the primary AMAC Member. Please allow 6-8 weeks for rebate processing and forwarding of rebate payment. This national oil change rebate program is provided exclusively to Members of the Automax Advantage Club.