



OFFICIAL FAST OR FREE MAIL IN FORM

We believe in the speed of our liquid medications and offer a fast or free money-back guarantee to anyone who isn't completely satisfied with how quickly the product worked for them. To receive a refund please fill out the entire Fast or Free Guarantee Form and mail it in with the original receipt as described below.

FOR FULL REIMBURSEMENT MAIL THESE ITEMS IN:

1. The original store identified sales receipt indication (1) DayClear® or NiteClear® 8oz (235 mL) liquid product with purchase price listed
2. The completed DayClear® and NiteClear® Fast or Free Guarantee form

MAILING ADDRESS:

ATTN: Customer Service Center
GM Pharmaceuticals, Inc.
PO Box 150312
Arlington, TX 76015

COMPLETE THE ENTIRE FORM

Please check the (1) eligible product you are requesting reimbursement for:

- DayClear® Allergy Relief - Liquid – 8oz (235 mL)
- DayClear® Sinus Pain and Pressure Relief - Liquid – 8oz (235 mL)
- DayClear® Cough Cold & Flu- Liquid – 8oz (235 mL)
- NiteClear® Cold & Flu Relief - Liquid – 8oz (235 mL)

Purchase Date* _____

Purchase Price* _____

Purchaser Information:

First Name* _____ Last Name* _____

Mailing Address* _____

City* _____ State* _____ Zip* _____

Email Address* _____

- By checking this box, I attest that I am at least 18 years of age***

*required fields

TERMS AND CONDITIONS:

Offer limited to U.S. residents only, 18 years of age or older. Must be actual purchaser of the qualifying product. Offer is valid on (1) DayClear® or NiteClear® 8oz (235 mL) liquid product per household per street address. Maximum value of reimbursement equals up to \$12.00 USD, excluding tax. Upon claim validation and acceptance, participants will receive a check by mail for the purchase price paid up to maximum value. Please allow 4 to 6 weeks for processing and delivery. Claims made outside these terms and conditions will not be honored. Not responsible for lost, late, misdirected, mutilated, illegible, incomplete, postage due or undelivered responses. We recommend getting a tracking number when sending in claims.