



SERVICE CERTIFICATE

Receive a check payable to Installer
good for any future service.

REDEEM ONLINE at www.DuraMAXoil.com

1. Complete the form. (Check the oil change that applies.)

- | | |
|--|--|
| <input type="checkbox"/> \$10.00 Full Syn XLT | <input type="checkbox"/> \$3.00 Synthetic Blend |
| <input type="checkbox"/> \$7.00 Full Synthetic | <input type="checkbox"/> \$3.00 ALLFLEET Synthetic Blend |
| <input type="checkbox"/> \$5.00 High Mileage | |

Installer Name: _____

Installer Address: _____

Your Name: _____

Mailing Address: _____

Signature: _____

2. Mail this original form with your original invoice of a DuraMAX or ALLFLEET oil change to:

DuraMAX Processing Center
PO Box 9673
Grand Rapids, MN 55745-9673

Postmark must be within 30 days from date of service. Bundled submissions or submissions by Installer on behalf of consumer are not permitted.

Maximum one submission per envelope.



Sign up for DuraMAX Liquid Armor Engine Warranty
for 10 Years or 300,000 Miles of Protection
www.duramaxwarranty.com

