



2009 REDEMPTION FORM

Account Number: _____

Contact Person Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____

Federal Tax ID: _____

Special Shipping Instructions: _____

Please list the award you would like to receive and the number of points you believe will be needed for redemption.

By signing this form I acknowledge that the number of points needed to redeem this award will be deducted from my account and additional charges, such as shipping may apply.

Signature of Authorized Company Contact Person Date

Mail this form to: Stovall & Company, Inc.
 Attention: Marketing Department
 5157 Carson Court
 Buford, GA 30518
 Fax: 678-835-1959

Internal Use Only	
Points Available _____	Approved by _____
Account Status _____	Date Approved _____
Points Deducted _____	Date Deducted _____