

# — GIFT CLAIM FORM —

We apologize for any inconvenience you have experienced in receiving the gift card you requested. While it does not happen often, at times, items become lost in the mail or mail is damaged. In order for us to best serve you, we request you complete the below information and mail it to Customer Motivators, Attn: Gift Claim Form Department. This address verification step, along with the other pertinent information you will provide, will enable us to resolve the problem and get a gift card to you. Please also include a photocopy of one form of address verification for security purposes agreeing to the mailing address you will provide below (utility bill, telephone bill, library card, driver's license, etc). Please also feel free to delete personal information you do not wish to convey (account numbers, driver's license number, etc). Please mail this completed form and an accompanying address verification photocopy to:

**Customer Motivators, LLC**  
**Attn: Gift Claim Form Department**  
**1920 Corporate Drive**  
**Boynton Beach, Florida 33426**

Address Verification:

Record Locator # (provided to you by Customer Service Associate): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Gift Card selection not received: \_\_\_\_\_ Gift Card Value: \_\_\_\_\_

Company that awarded you the Gift Card: \_\_\_\_\_

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Please explain your specific circumstance including any details you deem pertinent:

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**Customer Statement:**

I certify that the above information is both true and correct. Warning: Any fraudulent claims will make the customer liable for any prosecution under federal mail fraud criminal codes. The submission of false, fictitious or fraudulent statements may result in up to 5 years in prison and a fine of up to \$10,000 (U.S. Code Title 18, Section 1001). In addition, a civil penalty of up to \$5,000 and an assessment of twice the amount of the fraudulent claim may be imposed (U.S. code Title 31, Section 3802).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**For internal use only**

Date Received: \_\_\_\_\_ Item Code: \_\_\_\_\_

Supervisor reship authorization: \_\_\_\_\_ Date: \_\_\_\_\_