



IVSRO Cash 15-15 Offer Rules & Rebate Form

To receive your IVSRO Cash 15-15 Rebate Check:

1. Fill out your name and address on page 2 or attach address label. Print clearly and stay within the boxes on the form. Do not use abbreviations. Fold only where indicated. Do not staple, paper clip or alter the form in any way. Failure to follow these guidelines could result in lost, misdirected or delayed mail – which we are not responsible for.
2. Enclose only a copy (printout) of your Opus IVS monthly scanning invoice(s) and completed rebate form (page 2) in an envelope.
3. Mail the envelope to:

**Opus IVS
IVSRO Cash 15-15 Rebate
7322 Newman Drive
Building #3
Dexter, MI 48130**

Rebate Terms and Conditions:

1. Receive a check in the amount of 15% of a minimum 15 ROs per month for months 2 and/or 3 following sign-up for the DriveSafe™ device via valid mail-in IVSRO Cash 15-15 rebate form submission.
2. IVSRO Cash is an Opus IVS Gold Plan Calibration Nation™ exclusive. This rebate offer is not valid with any other offer or discount outside of the IVSRO Cash 15-15 program.
3. Merchandise returns or exchanges will void the rebate.
4. Valid and legible rebate form, along with a copy of your Opus IVS Monthly Gold Plan Invoice(s), must be postmarked as follows:
 - a. For 1-month IVSRO Cash 15-15 submissions, no later than thirty (30) days after the last day of the one qualifying month
 - b. For 2-month IVSRO Cash 15-15 submissions, no later than thirty (30) days after the last day of the second qualifying month
5. Opus IVS Gold Plan RO Invoices (proof of purchase) must be dated within 150 days of sign-up for the DriveSafe™ device, thus allowing a 30-day start-up window after purchase.
6. Void where prohibited, licensed, restricted or taxed by law.
7. Please allow 6-8 weeks for processing and delivery of your IVSRO Cash 15-15 rebate check after Opus IVS receipt of the completed rebate form.
8. Proper postage amount required for mailing your rebate submission.
9. If your rebate check is not received after 10 weeks, please call 1-844-OPUS-IVS. Opus IVS is not liable for any lost, late, stolen, ineligible, misdirected or postage-due mail.
10. **WARNING** Fraudulent submissions of this form may result in Federal prosecution for mail fraud under 18 U.S.C. Sections 1341, 1342. For more information, go to opusivs.com.
11. **PLEASE RETAIN A COPY OF ALL SUBMITTED MATERIALS FOR YOUR RECORDS.**



IVSRO Cash 15-15 Rebate Form

FIRST NAME:

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LAST NAME:

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MAILING ADDRESS:

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CITY:

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STATE:

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ZIP CODE:

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EMAIL ADDRESS:

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Note: Opus IVS will not sell or distribute your information to any other organizations. Your information is strictly used for Opus IVS marketing purposes. By submitting this rebate form you agree to resolve any disputes related to rebate redemption by binding arbitration and you waive any right to file or participate in a class action. See front of this form for Rebate Terms and Conditions.